

SUBSTANCE ABUSE AND CRIME PREVENTION ACT OF 2000

PROPOSITION 36

Fiscal Years 2001-2006

Alcohol and Drug Program Administration

**County of Los Angeles
Department of Public Health**

January 2008

Substance Abuse And Crime Prevention Act of 2000

Proposition 36

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County of Los Angeles
Department of Public Health Services

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I.	<i>Evaluation Of Substance Abuse And Crime Prevention Act - Final Report: Key Findings And Recommendations</i>
II.	<i>Evaluation Of SACPA In Los Angeles County: Key Findings And Recommendations</i>

- III. *Countywide Criminal Justice Coordination Committee Proposition 36 Implementation Task Force*
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EXECUTIVE SUMMARY

The Substance Abuse and Crime Prevention Act of 2000, also known as Proposition 36, amended existing drug sentencing laws to require criminal defendants who are convicted of a non-violent drug offense to be placed in drug treatment as a condition of probation, instead of incarceration. Drug treatment was also required for State parolees convicted of a non-violent drug related violation of parole. To cover local costs for treatment programs and other necessary services, a State-wide funding of \$120 million per year was appropriated from Fiscal Year 2001-02 through FY 2005-06, with an initial FY 2000-01 appropriation of \$60 million for planning and implementation. Los Angeles County received approximately \$30 million annually from program inception through FY 2005-06.

Los Angeles County used a coordinated, collaborative approach in implementing Proposition 36, involving the Superior Court, District Attorney's Office, Public Defender's Office, Probation Department, Department of Health Services Alcohol and Drug Program Administration (ADPA), California Department of Corrections and Rehabilitation, and community-based treatment providers. The Board of Supervisors designated the Countywide Criminal Justice Coordination Committee Proposition 36 Implementation Task Force as the advisory group responsible for the development of policies and procedures for the implementation of Proposition 36. The ADPA was designated as the lead agency for Los Angeles County's Proposition 36 program.

From the implementation of the program in 2001 through 2006, a cumulative total of 45,947 new defendants were either convicted and sentenced by the Court or ordered by Parole to participate in Proposition 36. Of these defendants, the Community Assessment Services Centers (CASCs) provided assessment and treatment referral services to 37,766 participants. However, it should be noted that the CASCs actually had 117,436 contacts with Proposition 36 participants during this period because many participants returned to the CASCs approximately two to three times during their treatment. Of the 37,766 new participants assessed during the five-year period FY 2001-02 through FY 2005-06, a total of 30,452 reported to community-based providers for treatment services, as ordered. The overall show rate for treatment during the first five years was 81 percent. At any given time, approximately 5,000 participants were receiving treatment services in Los Angeles County.

While the number of Proposition 36 participants receiving treatment services increased in number over the past five years, the relative proportion of participants by gender has remained the same (79% male and 21% female) and was reflective of the overall criminal justice population. At 40 percent, Hispanics/Latinos remained the largest participant group. Methamphetamine remained the most prevalent primary drug of choice (36.6%) reported by program participants across all five fiscal years. The most notable trend was that the percentage of participants reporting methamphetamine as the primary drug of choice increased approximately 10.6 percent over the past five years (from 29.9 percent in FY 2001-02 to 40.5 percent in FY 2005-06). Throughout all five fiscal years, Level II had the largest number of participants (39.6%). The geographical breakdown for participants from each Service Planning Area (SPA) changed slightly from year to year. The largest number of Proposition 36 participants that were assessed and provided treatment services was in SPA 3 (San Gabriel Valley, 22%), followed by SPA 8.

In addition to providing quality services to the largest group of Proposition 36 participants in the State of California, Los Angeles County:

- Made funding adjustments to existing programs according to utilization trends;
- Continued Regional Coordinating Council meetings to enhance community involvement and encourage ongoing communication and collaboration with the Proposition 36 stakeholders;
- Maintained the Proposition 36 Helpline to assist all involved Proposition 36 agencies and participants;
- Participated in Community Assessment Services Center Directors Meetings;
- Educated the public on Proposition 36 and its implementation and operations;
- Maintained the ADPA Proposition 36 Website; and
- Enhanced the Treatment Courts and Probation eXchange (TCPX) system for data collection and program evaluation.

Successful completion of Proposition 36 treatment also requires compliance with the conditions of probation/parole supervision. During the first five years since the enactment of Proposition 36, a cumulative total of 11,413 participants successfully completed treatment under the Program. Of the 11,413 participants completing treatment, a total of 6,860 also petitioned the Court and had their cases dismissed.

Despite facing significant challenges, Los Angeles County successfully implemented Proposition 36. From voter passage of the initiative in November 2000 to the mandated implementation deadline of July 1, 2001, the County had only seven months to make major changes to long-established procedures for handling drug offenders in both the criminal justice and drug treatment service systems. Los Angeles County clearly met the mandate of the law to provide comprehensive treatment services for drug offenders who would otherwise likely be incarcerated due to their substance abuse problems.

On January 10, 2006, Governor Arnold Schwarzenegger proposed \$120 million for Proposition 36 on a one-time basis for FY 2006-07. This proposal did not address the escalating costs faced by the counties, and the increased number of defendants coming into the program. The Governor proposed additional funding under the Substance Abuse Offender Treatment Program (OTP) through Assembly Bill 1808 in FY 2006-07, appropriating \$25 million for OTP services to counties that demonstrate a funding commitment of ten percent. The provisions as set by the Governor for OTP were to improve SACPA program outcomes, offender accountability, and show rates, retention and completion outcomes. Los Angeles County was allocated \$8.0 million under OTP with a required ten percent county match for FY 2006-07.

Although the appropriated funding for the Proposition 36 program ended on June 30, 2006, the mandate for the provision of Proposition 36 drug treatment services continues indefinitely. The uncertainty of continued funding will play a significant role in the ongoing provision of services under Proposition 36. The campaign to properly fund the program will continue to be headed by the Los Angeles County Proposition 36 Task Force who are actively working with key stakeholders in Los Angeles County and throughout California to make the best case for ensuring long-term funding, implement needed changes, address needs based on trends or collected data, and implement efforts for uniform standards in support of treatment. Los Angeles County will continue to implement the delivery of treatment services based on a Continuum of Care framework, with Proposition 36 as a pinnacle point in the Criminal Justice System.

CHAPTER ONE

PROPOSITION 36 IMPLEMENTATION IN LOS ANGELES COUNTY

I. AN OVERVIEW

On November 7, 2000, California voters passed the Substance Abuse and Crime Prevention Act of 2000, also known as Proposition 36. The purpose was to enhance public safety by reducing drug-related crime and preserving jail and prison space for violent offenders. Proposition 36 amended existing drug sentencing laws to require that adult criminal defendants who were convicted of possession, use, transportation for personal use, or being under the influence of a controlled substance be placed in drug treatment as a condition of probation, instead of incarceration. Proposition 36 also applied to State parolees convicted of non-violent drug offenses or drug-related parole violations. Eligible offenders received up to one year of drug treatment followed by six months of continuing care services. Vocational training, family counseling, literacy training, health, mental health, and other services were also provided. Proposition 36 allowed for the dismissal of charges upon successful completion of treatment.

Proposition 36 became effective on July 1, 2001 and made significant changes in the way many drug offenders were handled by both the criminal justice and treatment delivery systems. Court-supervised treatment, probation and/or parole were required for offenders as a means to break the cycle of drugs and crime, while still promoting public safety. Most non-violent offenders or parolees, who were convicted or found in violation of possession or under-the-influence offenses, were eligible to receive treatment in the community in lieu of incarceration. This represented a significant shift in the handling of this population and provided an opportunity for both the treatment delivery system and the criminal justice system to move toward a more holistic approach of handling substance abuse offenders. Proposition 36 specifically required that all participating treatment programs be licensed or certified by the California Department of Alcohol and Drug Programs (ADP).

On November 15, 2000, the Los Angeles County Board of Supervisors established the Countywide Criminal Justice Coordination Committee (CCJCC) Proposition 36 Implementation Task Force to develop the planning process for a comprehensive system of care for drug offenders sentenced under the new law. The Task Force was comprised of approximately 60 members representing County and City criminal justice agencies, judicial officers, the Chief Administrative Office, various County Departments including Health Services, Mental Health, Probation, Public Social Services, Sheriff, and various drug treatment provider associations (*Attachment III*).

On February 20, 2001, the Board of Supervisors of the County of Los Angeles resolved the following:

- Designated the County of Los Angeles Department of Health Services (now under the Department of Public Health) Alcohol and Drug Program Administration (ADPA) as the lead agency for Los Angeles County's Substance Abuse and Crime Prevention Act of 2000 responsibilities;

- Designated the Countywide Criminal Justice Coordination Committee Proposition 36 Implementation Task Force as the advisory group responsible for the development of policy and procedures for the coordinated implementation of the Act among all involved County departments and the Court;
- Assured that the County of Los Angeles shall comply with the provisions of the Act and the California Code of Regulations, Title 9, Division 4, Chapter 2.5; and
- Assured that the County of Los Angeles has established a Proposition 36 trust fund and shall deposit all funds received into that trust fund.

II. FUNDING FOR PROPOSITION 36 SERVICES

With a County implementation plan approved annually by the California Department of Alcohol and Drug Programs (ADP), Los Angeles County received:

- Fiscal Year (FY) 2000-01 - \$15.7 million for initial planning and implementation;
- FY 2001-02 - \$31.2 million for Proposition 36 services and \$2.2 million for drug testing;
- FY 2002-03 - \$30.3 million for Proposition 36 services and \$2.3 million for drug testing;
- FY 2003-04 - \$30.6 million for Proposition 36 services and \$2.3 million for drug testing;
- FY 2004-05 - \$30.0 million for Proposition 36 services and \$2.3 million for drug testing; and
- FY 2005-06 - \$30.0 million for Proposition 36 services and \$2.3 million for drug testing.
- FY 2006-07 - \$31.8 million for Proposition 36 services; \$8.0 million for the Offender Treatment Program with a required County allocation of \$0.9 million and \$2.3 million for drug testing.

III. PROGRAM IMPLEMENTATION

A. Oversight

The implementation of Proposition 36 has required a coordinated and collaborative strategy between the Court, Probation, ADPA, other County agencies, the California Department of Corrections and Rehabilitation, community-based treatment providers, and other key stakeholders. The Los Angeles County Board of Supervisors designated the Countywide Criminal Justice Coordination Committee (CCJCC) Proposition 36 Implementation Task Force as the official advisory group for the coordinated implementation of the program.

A smaller working group, the Proposition 36 Executive Steering Committee, was established by the Task Force to guide the implementation and ongoing operation of Proposition 36 in Los Angeles County. The Steering Committee met on an ad-hoc basis and included representatives from the Court, District Attorney's Office, Probation Department, Public Defender's Office, Sheriff's Department, CCJCC, California Department of Corrections and Rehabilitation, ADPA, and representatives of the treatment provider network (*Attachment IV*).

B. Operations

The successful implementation and ongoing operation of Proposition 36 in Los Angeles County was made possible because of the coordinated collaboration and constant communication among the Court, ADPA, District Attorney's Office, Probation Department, Public Defender's Office, California Department of Corrections and Rehabilitation, Community Assessment Services Centers, and community-based treatment providers.

i. Court Processing

Following a guilty plea or a finding of guilt at trial, willing defendants are ordered to designated Proposition 36 Monitoring Courts (***Attachment V***) responsible for sentencing, monitoring treatment progress, and, when necessary, conducting violation hearings to determine whether probation shall be revoked.

Once eligibility is determined, offenders are placed on formal probation and ordered to participate in Proposition 36 treatment services. Many of the Proposition 36 Monitoring Court bench officers are also experienced Drug Court judges. These bench officers have a keen understanding of different levels of treatment, the need to intensify treatment services, the use of drug testing as a therapeutic tool, and the provision of incentives to facilitate recovery. Active and consistent court supervision is essential to the success of the drug treatment services required by Proposition 36.

While Proposition 36 allows the Court to sanction participants who are not amenable to treatment, it also provides an important incentive to those who successfully complete the treatment program. If there are no violations of probation, all fees and fines are paid, and the Court finds reasonable cause to believe that a participant will not abuse controlled substances in the future, the Court can dismiss the case.

ii. Probation Processing

After the responsible Deputy District Attorney and the defense counsel screen a defendant, the Pretrial Services Division of the Probation Department assesses the defendant's eligibility for Proposition 36. The Probation Department conducts a criminal history review to determine whether a defendant must be excluded from participation in Proposition 36 due to prior criminal convictions or concurrent charges.

Following conviction of eligible charges and assessment of the offender's willingness to participate in Proposition 36, the Court orders the offender to report to one of the Community Assessment Services Centers (CASCs) for assessment and referral for treatment. Deputy Probation Officers (DPOs), who are co-located at the CASCs, provide participants with an orientation as to the terms and conditions of probation, and coordinate the initial provision of treatment and supervision services. Once a participant is interviewed by both treatment and probation staff at the CASC, he/she is immediately placed into a community-based treatment program. The participant is then ordered to return to Court within 30 days to monitor compliance with all Court-ordered conditions of probation and to review the initial treatment plan.

At this point, Probation supervision is transferred from the CASC DPO to a local area office DPO within 60 days. The supervising DPOs obtain information from the treatment providers on the participants' treatment progress, including drug-testing results, attendance at required counseling sessions and meetings, and other necessary information. The DPOs are also responsible for administering quarterly, random and observed drug tests. Progress reports are submitted separately by Probation to the Court on a quarterly basis, or as ordered by the Court according to risk assessment and ongoing compliance/non-compliance with set orders. All violations are reported to the Court by Probation within 72 hours. Based upon the charges, the average length of probation supervision is approximately 36 months, unless the participant's progress in treatment merits early termination and dismissal of his/her case.

iii. *Parole Processing*

During the first year of implementation, the Board of Prison Terms (BPT) was responsible for processing all Proposition 36 eligible parolees for assessment and progress monitoring. On October 1, 2002, the California Department of Corrections and Rehabilitation/Parole and Community Services Division (Parole) assumed the supervision and monitoring responsibilities from the BPT. Parole remains in charge of identifying and screening eligible parolees for Proposition 36 treatment programs, making referrals to CASCs, and supervising parolees' treatment progress and compliance while in the community.

Local Parole Agents direct eligible parolees to one of the CASCs for assessment and referral for treatment. Parolees are required to bring two documents (Activity Report and Proposition 36 Waiver Form) when reporting to the assigned CASC.

Treatment providers are required to submit a treatment plan within 30 days, progress reports on a quarterly basis, and results of positive drug tests within 24 hours of receipt to the local Parole Agent and the Division of Adult Parole Operations (in Sacramento).

Some parolees are also under Probation supervision for committing a new Proposition 36 eligible, non-violent drug offense. These participants are subject to the dual supervision of Parole and Probation regulations. Treatment providers are required to submit a treatment plan to the Court, Parole Agent, and DPO within 30 days and monthly progress reports (or as ordered by the Court). Finally, treatment providers are required to notify the DPO, Parole Agent, and the Court of a positive drug test within 24 hours of receipt.

iv. *Treatment Delivery*

Assessment and Referrals

Proposition 36 regulations mandated that an array of comprehensive treatment services be available to all Proposition 36 participants. Since the inception of

Proposition 36, ADPA has provided treatment services through a network of treatment and recovery agencies

The first step of treatment involves the ordering of the offender by the Court or Parole Agent to one of 11 Proposition 36 CASCs (**Attachment VI**) for an assessment of addiction severity and treatment needs. These CASCs are located in the neighboring areas of those courts with the highest number of drug-related cases.

Professional counselors assess each participant using the Addiction Severity Index (ASI), a nationally recognized tool used widely in the addiction treatment field, to determine the level of each person's substance abuse problems and other life situations. Following assessment, a referral is made to a Proposition 36 community-based treatment provider and an appointment to begin treatment is confirmed.

<u>Service Planning Area (SPA)¹</u>	<u>CASC</u>	<u>Location</u>
SPA 1 (Antelope Valley)	Tarzana Treatment Center	Lancaster
SPA 2 (San Fernando Valley)	Tarzana Treatment Center	Tarzana
SPA 3 (San Gabriel Valley)	Prototypes	El Monte
SPA 3 (San Gabriel Valley)	Prototypes	Pasadena
SPA 3 (San Gabriel Valley)	Prototypes	Pomona
SPA 4 (Metro)	Homeless Health Center	Los Angeles
SPA 5 (West)	Didi Hirsch	Culver City
SPA 6 (South)	Integrated Care System	Los Angeles
SPA 7 (Southeast)	California Hispanic Commission	Pico Rivera
SPA 8 (Harbor/Long Beach)	Behavioral Health Services	Gardena
SPA 8 (Harbor/Long Beach)	Behavioral Health Services	Long Beach

Treatment Services

Proposition 36 specifically mandated up to one year of primary treatment services followed by six months of continuing care services (or aftercare services). Primary treatment services consist of a three-level system increasing in duration and intensity, depending on the assessed severity of addiction, coupled with the criminal history risk assessment (**Attachment VII**). Treatment services for those who have a low level of severity include outpatient services (including a combination of individual, family, and group counseling sessions), self-help group meetings, and supplemental treatment services (which included literacy training, vocational guidance, mental health services, health services, and transitional housing). Treatment services for those participants assessed at mid to high severity levels consist of more intensive services such as day treatment, residential detoxification, residential treatment, and narcotic replacement therapy, as needed, in addition to the range of services provided to lower-level participants. Regardless of the treatment level, random and observed drug testing is conducted for all participants.

¹ Established by the Children's Planning Council and approved by the Board of Supervisors in 1993, Service Planning Areas serve as the basic geographic structure for integrated planning, service coordination, data collection and information sharing.

Continuing care services ordered by the Court follow the successful completion of the more intensive primary treatment services for participants of all levels. These services include:

- Documented continuation of ancillary services in a continuing care plan that includes monthly progress reports to the Court (copy to Probation and/or Parole) for six months;
- Mandatory attendance at no less than three self-help meetings or support groups per week;
- Voluntary attendance at treatment provider alumni group meetings; and
- One face-to-face group contact per month with the treatment provider to verify client participation.

The Monitoring Court bench officer, treatment provider, DPO, and/or Parole Agent work in partnership to encourage a participant's ongoing involvement in treatment. The treatment plan and level of services are adjusted based on the participant's compliance or non-compliance with program requirements. Treatment providers are encouraged to communicate frequently with the Court, Probation, and/or Parole, and to use these entities as resources to assist with compliance.

From inception, ADPA contracted with 100 certified and/or licensed treatment agencies that provide services at 194 sites throughout Los Angeles County (***Attachment VIII***). ADPA reviews the utilization rate of all service contracts on a regular basis to ensure the appropriate and effective use of Proposition 36 funding.

Drug Testing

All Proposition 36 participants, regardless of their treatment level, are required to submit to random and observed drug testing as follows:

Level I	1 per week
Level II	1 per week
Level III	2 per week (first 8 weeks)
	1 per week (9 th week and continuing for the duration of treatment)

Los Angeles County guidelines specifically require that testing be random and observed; all treatment staff must be trained on appropriate protocols and procedures for collection; and the chain of custody for urine samples must be maintained. In addition to drug testing conducted by the treatment providers, the Probation Department administers quarterly random and observed drug tests. Probation also conducts random tests at the request of the Court or treatment providers.

v. *Data Collection and Reporting*

The Treatment Court and Probation eXchange (TCPX), a sophisticated information collection, sharing, and transmission system, was specifically designed to accommodate the reporting and statistical needs for the Superior Court, Probation Department, treatment providers, and ADPA for the implementation of Proposition 36. The system features a browser-based application designed to support client referrals, treatment operations, and the administrative requirements of Proposition 36. The system provides a computerized mechanism via internet/intranet for:

- Establishing electronic referrals from the Court to the Community Assessment Services Centers;
- Recording defendant treatment assessment information and submitting this information electronically to the Court;
- Assigning treatment provider(s) based on participants' needs;
- Standardizing progress reports and treatment plans;
- Electronically submitting reports to the Court; and
- Providing statistical information.

TCPX continues to expand statistical reporting capabilities and improve efficiency. Funding for TCPX has been supported through the County's Proposition 36 allocation.

vi. *Fiscal Plan*

In order to fully utilize the funding allocated to Los Angeles County, the Proposition 36 Implementation Task Force adopted a five-year funding plan during the initial planning process. Throughout the past four fiscal years, the Task Force made adjustments to the original budget to ensure the utmost effective utilization of the funds.

Total Projected Funding for Los Angeles County (January 2001 through June 2006)		\$174,797,006
Projected Allocations:		
ADPA-Contracted Treatment Programs		\$132,940,446 (76.1%)
Probation Services		21,042,009 (12.0%)
ADPA Program Monitoring		13,736,760 (7.9%)
Management Information Systems /		
Data Collection		3,645,418 (2.1%)
Court Operations		3,432,373 (2.0%)

C. Monitoring

The Board of Supervisors designated the Alcohol and Drug Program Administration (ADPA) as the County's lead agency, and gave it responsibility for providing quality treatment services to all Proposition 36 participants.

The ADPA Contract Services Division is responsible for monitoring all Proposition 36 treatment providers and CASCs contracted by Los Angeles County. In addition to monitoring compliance with federal, State, and county laws, regulations, ordinances and contracts, the Contract Services Division uses a standardized monitoring instrument to ensure compliance with the County's Proposition 36 Implementation Plan. A toll-free "Proposition 36 Helpline" was established to address issues, problems and questions from the Court and other County departments, treatment providers, clients, and the public in a timely manner. The Helpline plays a major role in the quality assurance of Proposition 36 services.

The TCPX automated information system compiles information from a variety of sources to create a consolidated record for all Proposition 36 participants. The system provides the Court and County agencies with all required reports for processing Proposition 36 cases/participants as well as a variety of statistical reports. The TCPX system provides ADPA with the capability to obtain summary information on the number of participants by treatment levels, no-shows, dropouts, successful completions of assigned programs, and other management information to assess and evaluate each treatment provider's capability to provide timely treatment to Proposition 36 participants.

D. Community Input

Community input and involvement were critical pieces of the implementation and ongoing operation of Proposition 36. ADPA established four Regional Coordinating Councils in February 2002 to identify and address issues of local concern and to ensure communication between the community members and the Executive Steering Committee. The purpose of the Regional Coordinating Councils is to:

- Promote coordination, collaboration, and information-sharing among all the involved agencies;
- Enhance community involvement with the agencies;
- Provide a forum for sharing information and requesting direction from the Proposition 36 Executive Steering Committee; and
- Provide information and support to the various agencies as appropriate.

Due to the size of Los Angeles County, four separate councils were created to accommodate better participation:

- North/Northeast (Service Planning Areas 1 and 2): Antelope Valley, San Fernando Valley, and Santa Clarita Valley.

- East/Southeast (Service Planning Areas 3 and 7): San Gabriel Valley, Pomona, Santa Fe Springs, and Whittier.
- Central/South (Service Planning Areas 4 and 6): Metropolitan and South Los Angeles.
- West/South Bay/Long Beach (Service Planning Areas 5 and 8): Long Beach, South Bay, and West Los Angeles.

Meetings of the four Regional Coordinating Councils are convened quarterly by ADPA in collaboration with Regional Court Coordinators. The Councils review and discuss the implementation and operation of Proposition 36 and address issues specific to each local area. The Councils are composed of representatives from the local branches of the Court, the District Attorney's Office, Probation, Public Defender's Office, Parole, CASCs, treatment providers, and others who had an interest in the specific issues. All meetings are open to the public.

Input from Regional Coordinating Councils provide an important resource for the Steering Committee when formulating policies and procedures for a more efficient and effective Proposition 36 network in Los Angeles County. Discussing treatment-related and criminal justice issues/concerns provides an opportunity for all stakeholders to compare the similarities and differences in their operations and, ultimately, helps to enhance the quality of services. The face-to-face interactions among all players contributes to improving communication and establishing a rapport that helps sustain Proposition 36 participants' involvement in the program.

CHAPTER TWO

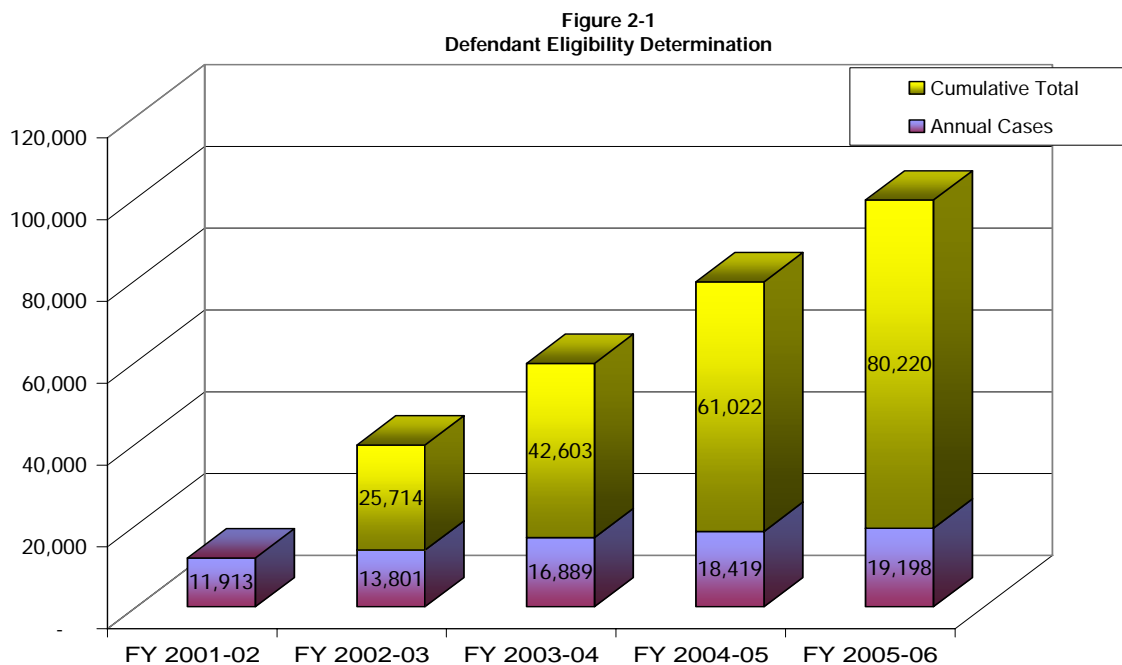
TAKING A LOOK BACK– THE FIRST FIVE YEARS

I. A FIVE-YEAR COMPARISON

	<u>FY 01-02</u>	<u>FY 02-03</u>	<u>FY 03-04</u>	<u>FY 04-05</u>	<u>FY 05-06</u>	<u>Total</u>
Sentenced by Superior Court	8,889	8,925	7,641	8,015	8,287	41,757
Referrals Directly from Parole	46	527	558	488	413	2,032
Referrals from Out-of-County	320	384	439	523	492	2,158
New Participants	9,255	9,836	8,638	9,026	9,192	45,947
Declined Participation	1,737	1,271	1,270	1,647	1,429	7,354
No Show/Bench Warrant Issued	229	453	331	45	20	1,078
Dismissals	19	5	13	9	14	60
Deferred Entry of Judgment	40	13	7	9	3	72
Admitted to Drug Court	29	10	4	2	10	55
Pending Court Action	1,098	811	568	632	684	3,793
Subtotal:	3,152	2,563	2,193	2,344	2,160	12,412
Sentenced Participants from Previous Fiscal Year	0	775	943	1,005	1,508	4,231
Appeared for Assessment	6,103	8,048	7,388	7,687	8,540	37,766
No Show/ Bench Warrant Issued	81	232	126	35	25	499
Pending arrival at Treatment Facility	32	348	53	58	119	610
Rejected and Re-referred to CASC	277	296	260	280	329	1,442
Referred Out of County	67	204	381	410	461	1,523
Referred to Veterans Administration	8	43	78	68	56	253
Referred to Mental Health	1	12	22	24	16	75
Referred to Private Paid Facility	10	111	108	102	76	407
Specialty Services Required	0	10	0	0	0	10
Not Amenable to Treatment—						
Referred back to Court	14	46	62	62	79	263
Declined Participation – Program terminated by Court	501	367	268	314	782	2,232
Subtotal:	991	1,669	1,358	1,353	1,943	7,314
Treatment Placement	5,112	6,379	6,030	6,334	6,597	30,452
Participants Who Received Treatment During Fiscal Year (includes active participants at start of fiscal year)	5,112	10,979	15,013	16,427	17,691	65,222

A. Defendant Eligibility Determinations¹

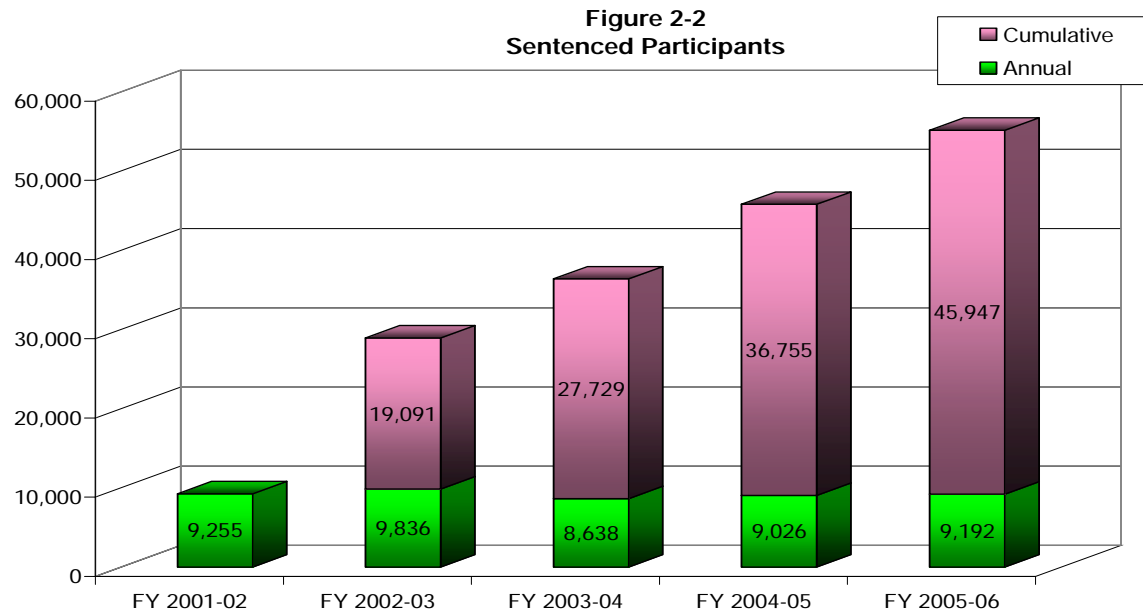
From the inception of the program in 2001 through 2006, the Probation Department's Pretrial Services Division conducted criminal history checks and pre-screened defendants for a cumulative total of 80,220 cases (See Figure 2-1). Broken down by fiscal year, the numbers show an upward trend. In Fiscal Year (FY) 2005-06, the Probation Department conducted criminal history checks on 11,482 cases for Proposition 36 eligibility, and pre-screened 7,716 defendants prior to referral by the Court, for a combined total of 19,198 defendant eligibility determinations. This represented a four percent increase from 18,419 in FY 2004-05, a 14 percent increase from the 16,889 cases in FY 2003-04, a 39 percent increase from 13,801 in FY 2002-03, and a 61 percent increase from 11,913 in FY 2001-02.



B. Sentenced Participants

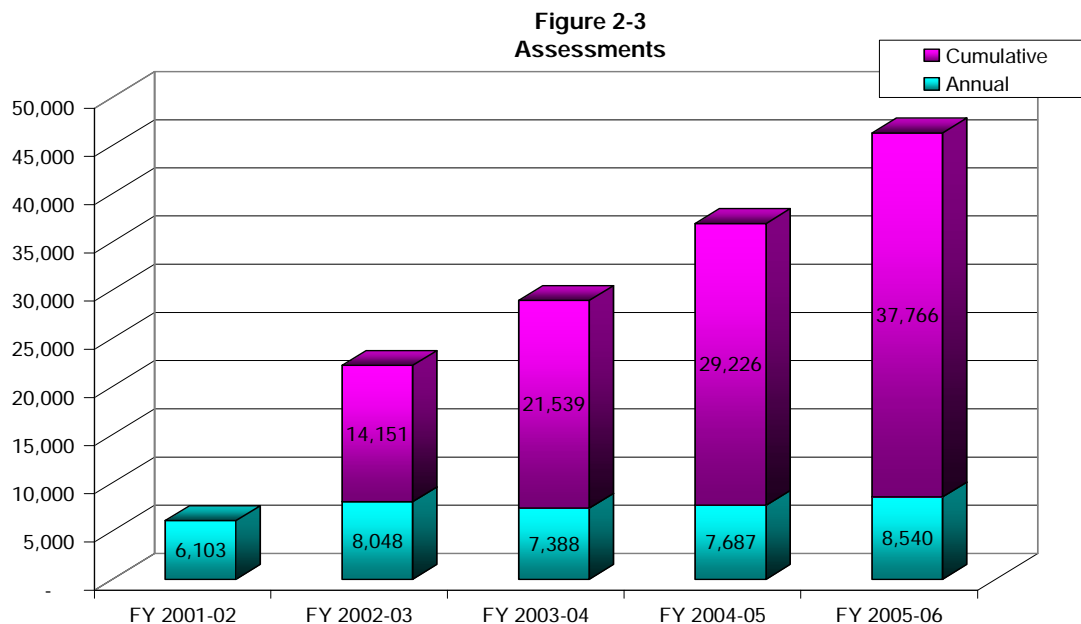
From FY 2001 through 2006, a cumulative total of 45,947 new defendants were convicted and sentenced by the Court or were ordered by the California Department of Corrections and Rehabilitation to participate in Proposition 36 (See Figure 2-2). On an annual basis, the numbers show an almost constant number of convicted and sentenced participants. In FY 2005-06, there was a total of 9,192 sentenced participants, representing a two percent increase from 9,026 sentenced participants in FY 2004-05, a six percent increase from 8,638 in FY 2003-04, a seven percent decrease from 9,836 in FY 2002-03, and a 0.7 percent decrease from 9,255 in FY 2001-02.

¹ Numbers revised based on updated input provided by the Los Angeles County Probation Department - January 2008



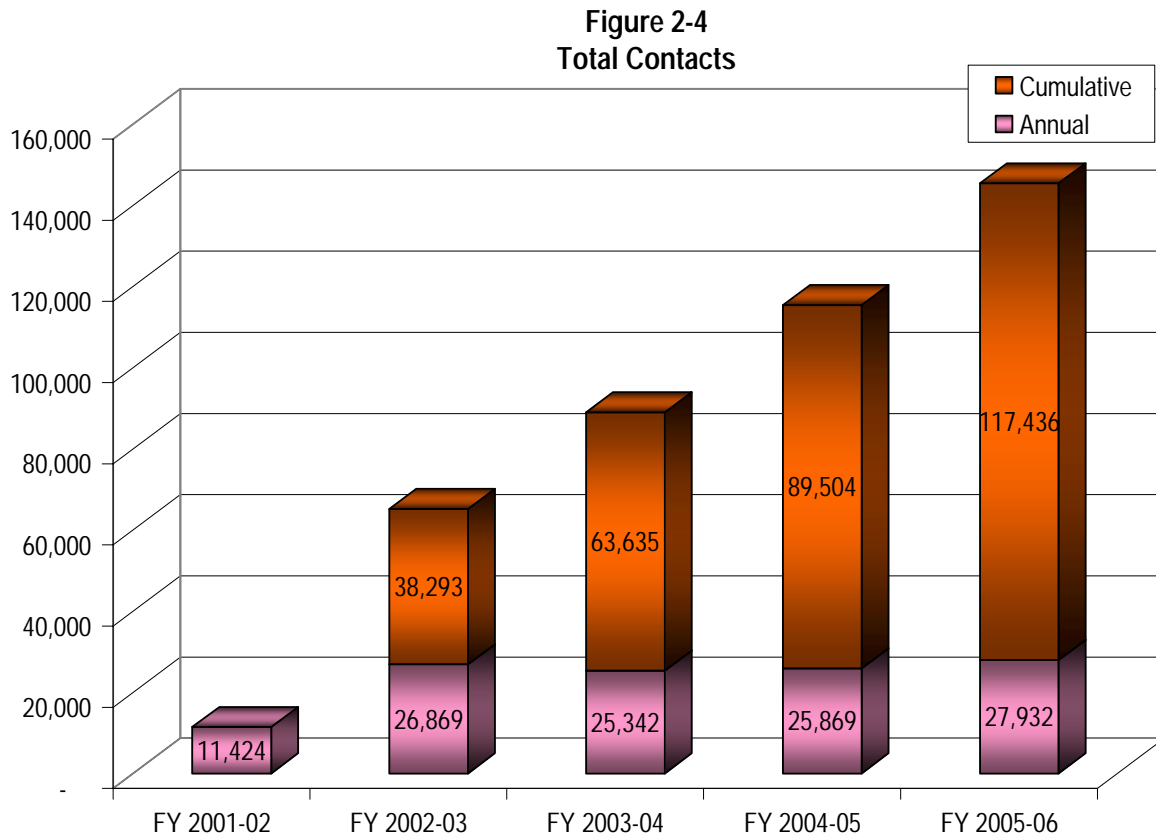
C. Assessments

For the five-year period FY 2001 through 2006, a total of 37,766 defendants were given assessment and treatment referral services by the Community Assessment Services Centers (CASCs) (See Figure 3-3). In FY 2005-06, 8,540 were given assessment and treatment referral services representing an 11 percent increase from 7,687 in FY 2004-05, up from 7,388 in FY 2003-04, 8,048 in FY 2002-03, and 6,103 in FY 2001-02. The average reporting compliance rate for FY 2001-2006 was 82 percent.



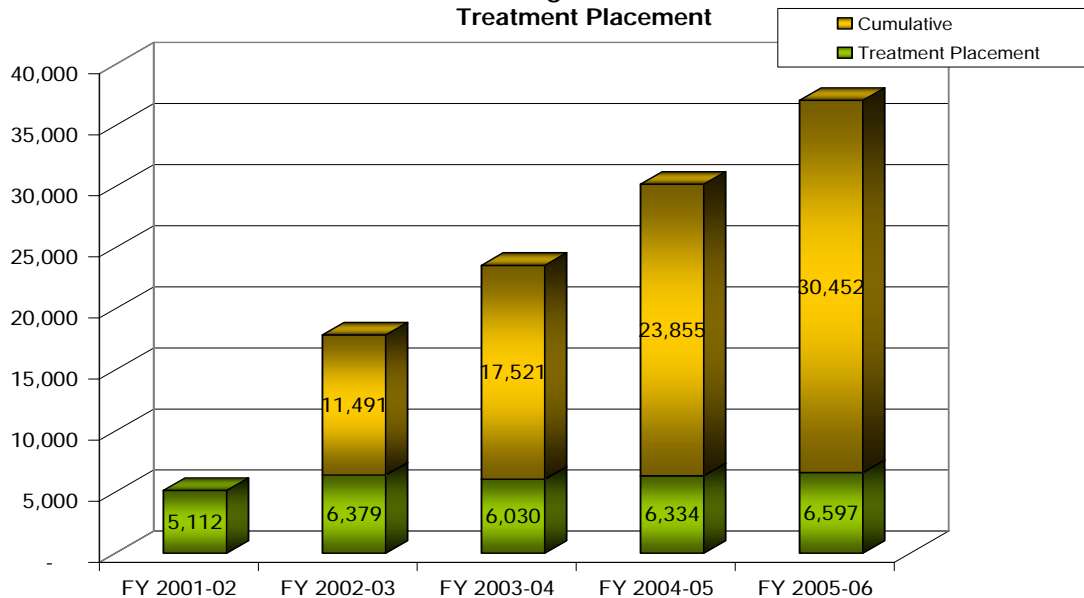
Total Contacts

For the five-year period 2001-2006, the CASCs had a cumulative total of 117,436 contacts with Proposition 36 participants (See Figure 2-4). In FY 2005-06, the CASCs had 27,932 contacts representing an eight percent increase from 25,869 contacts in FY 2004-05, a ten percent increase from 25,342 in FY 2003-04, a four percent increase from 26,869 in FY 2002-03, and a 145 percent increase from 11,424 in FY 2001-02.

**D. Treatment Services**Treatment Placement

Of the 37,766 new participants assessed during the five-year period 2001-2006, a total of 30,452 (81 percent) reported to community-based providers for treatment services, as ordered (See Figure 2-5). Broken down by fiscal year, this came down to 6,597 (77 percent of new participants) in FY 2005-06, 6,334 or 82 percent of the new participants in FY 2004-05, 6,030 (82 percent of new participants) in FY 2003-04, 6,379 (79 percent of new participants) in FY 2002-03, and 5,112 (84 percent of new participants) in FY 2001-02.

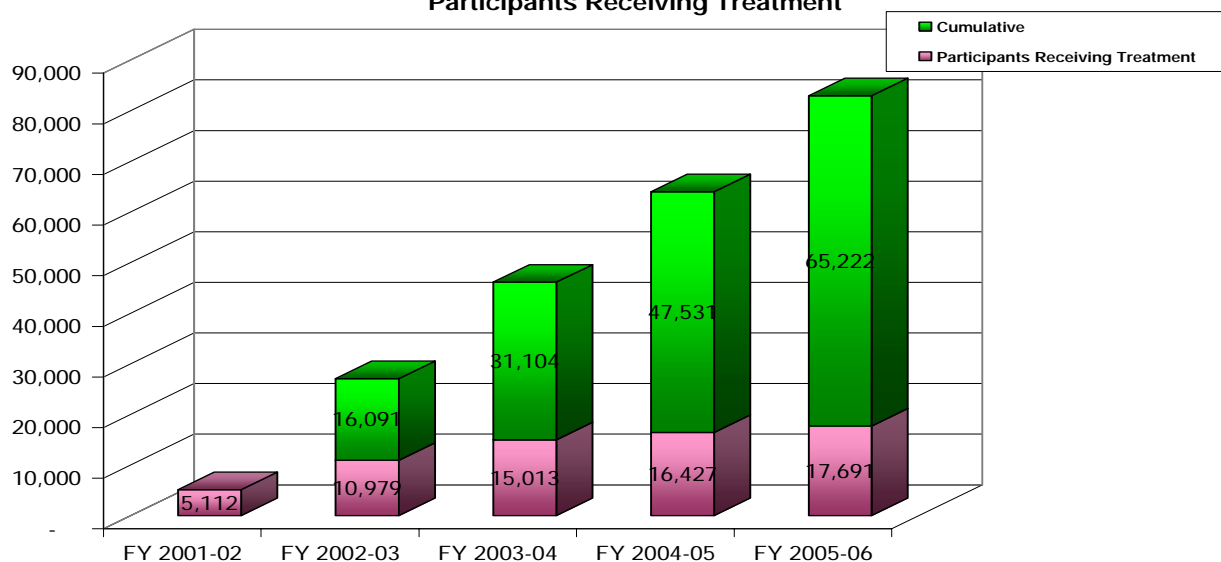
**Figure 2-5
Treatment Placement**



Participants Receiving Treatment

In terms of actual services, Proposition 36 treatment providers serve not only the new participants but also those still active in treatment at the beginning of the Fiscal Year. Thus, for the period 2001-2006, the providers served a cumulative total of 65,222 participants made up of new Proposition 36 participants and those still in active treatment (See Figure 2-6). In FY 2005-06, the providers served a total of 17,691, up from 16,427 in FY 2004-05, 15,013 in FY 2003-04, 10,979 in FY 2002-03, and 5,112 in FY 2001-02.

**Figure 2-6
Participants Receiving Treatment**



E. Demographics

Gender of Participants

While the number of Proposition 36 participants receiving treatment services increased in number over the past five years, the relative proportion of participants by gender has remained the same, 79% male and 21% female as shown in Table 2-1.

Table 2-1 Gender of Participants

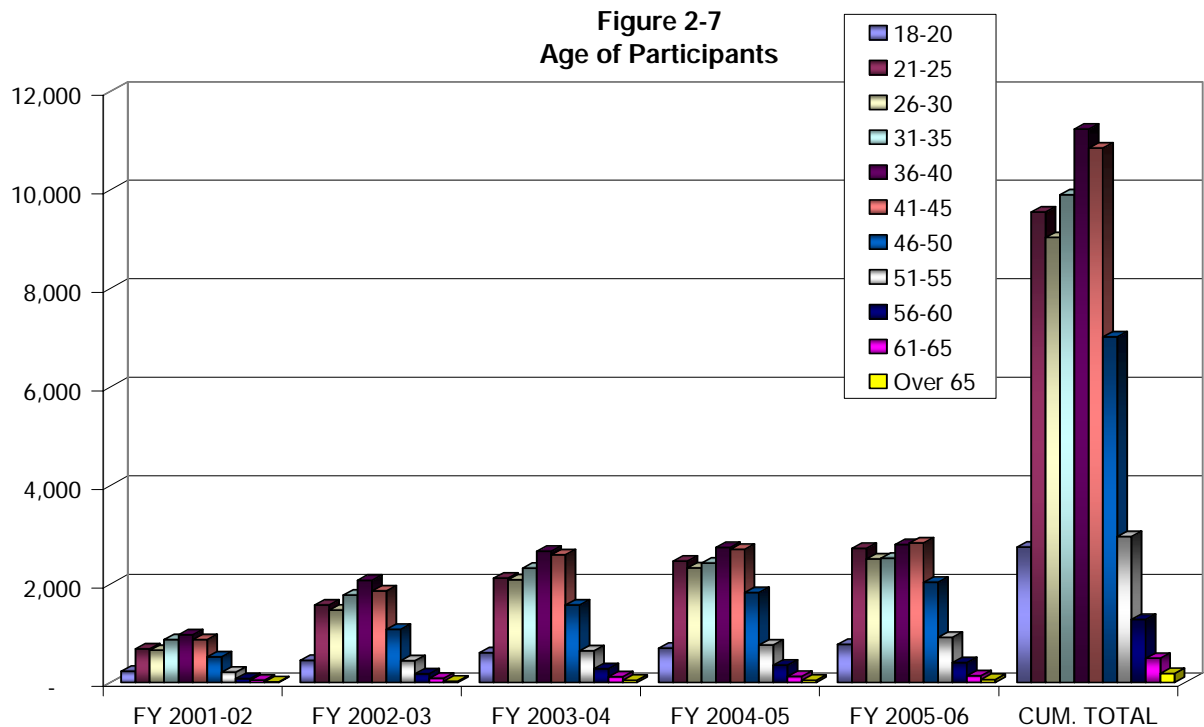
<i>Gender</i>	<i>FY 2001-02</i>	<i>FY 2002-03</i>	<i>FY 2003-04</i>	<i>FY 2004-05</i>	<i>FY 2005-06</i>	<i>TOTAL</i>
Female	1,098 (21%)	2,302 (21%)	3,229 (21%)	3,557 (22%)	3,754 (21%)	13,940 (21%)
Male	4,014 (79%)	8,677 (79%)	11,784 (79%)	12,870 (78%)	13,937 (79%)	51,282 (79%)
Total	5,112 (100%)	10,979 (100%)	15,013 (100%)	16,427 (100%)	17,691 (100%)	65,222 (100%)

Age of Participants

The largest number of participants for the five-year period came from the 36-40 age group, mirroring the trend from 2002-2006. During FY 2005-06, the biggest group came from the 41 to 45 age bracket as shown in Table 2-2. The relative percentages of participants by age have changed very little across the past five fiscal (See Figure 2-7).

Table 2-2 Age of Participants

<i>Age</i>	<i>FY 2001-02</i>	<i>FY 2002-03</i>	<i>FY 2003-04</i>	<i>FY 2004-05</i>	<i>FY 2005-06</i>	<i>Cum. Total</i>
18-20	224 (4.4%)	448 (4.1%)	603 (4.1%)	697 (4.2%)	771 (4.4%)	2,743 (4.2%)
21-25	680 (13.3%)	1,570 (14.3%)	2,115 (14.1%)	2,460 (15.0%)	2,722 (15.4%)	9,547 (14.6%)
26-30	650 (12.7%)	1,466 (13.4%)	2,087 (13.9%)	2,323 (14.1%)	2,507 (14.2%)	9,033 (13.8%)
31-35	872 (17.1%)	1,768 (16.1%)	2,319 (15.4%)	2,419 (14.7%)	2,522 (14.3%)	9,900 (15.2%)
36-40	963 (18.8%)	2,072 (18.9%)	2,660 (17.7%)	2,739 (16.7%)	2,798 (15.8%)	11,232 (17.2%)
41-45	867 (17.0%)	1,857 (16.9%)	2,589 (17.2%)	2,702 (16.5%)	2,832 (16.0%)	10,847 (16.6%)
46-50	517 (10.1%)	1,076 (9.8%)	1,568 (10.4%)	1,821 (11.1%)	2,033 (11.5%)	7,015 (10.8%)
51-55	209 (4.1%)	441 (4.0%)	640 (4.3%)	758 (4.6%)	912 (5.2%)	2,960 (4.5%)
56-60	77 (1.5%)	175 (1.6%)	278 (1.9%)	346 (2.1%)	401 (2.3%)	1,277 (2.0%)
61-65	39 (0.8%)	80 (0.7%)	114 (0.8%)	123 (0.8%)	134 (0.8%)	490 (0.7%)
Over 65	14 (0.3%)	26 (0.2%)	40 (0.3%)	39 (0.2%)	59 (0.3%)	178 (0.4%)
Total	5,112 (100%)	10,979 (100%)	15,013 (100%)	16,427 (100%)	17,691 (100%)	65,222 (100%)



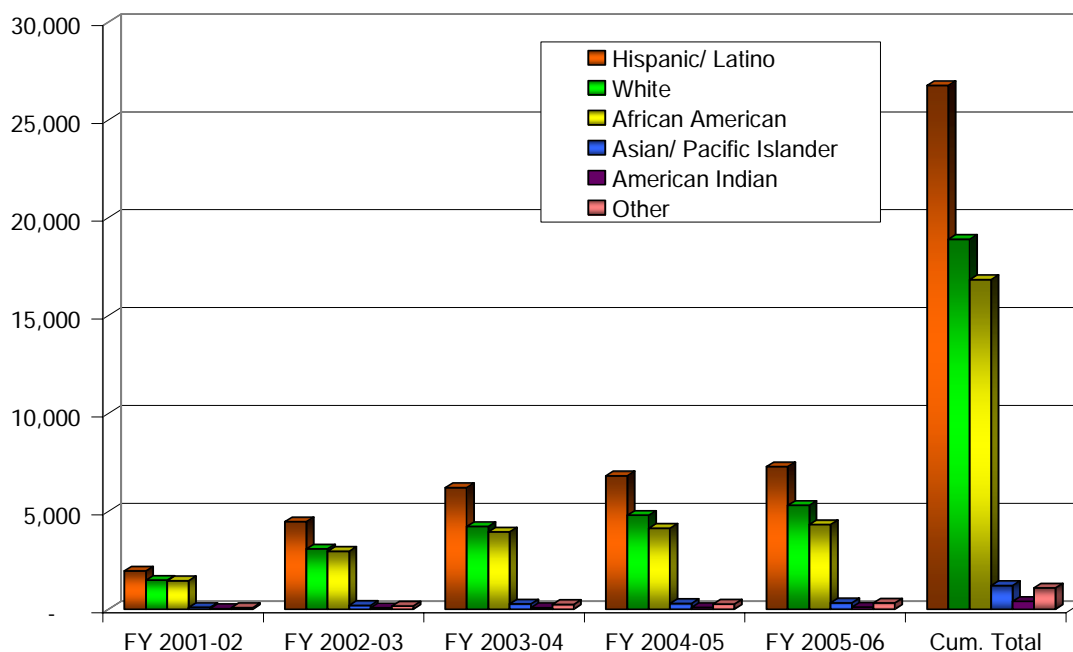
Ethnicity/Race of Participants

Throughout all five fiscal years, Hispanics/Latinos comprised an estimated 40 percent of Proposition 36 participants, making them the largest ethnic group in the program followed by Whites and African Americans at approximately 30 percent and 25 percent respectively (Refer to Table 2-3, and Figure 2-8).

Table 2-3 Ethnicity/Race of Participants

<i>Ethnicity/Race</i>	<i>FY 2001-02</i>	<i>FY 2002-03</i>	<i>FY 2003-04</i>	<i>FY 2004-05</i>	<i>FY2005-06</i>	<i>CUM. TOTAL</i>
Hispanic/Latino	1,957 (38.3%)	4,474 (40.8%)	6,213 (41.4%)	6,820 (41.5%)	7,295 (41.2%)	26,759 (41.0%)
White	1,489 (29.1%)	3,089 (28.1%)	4,227 (28.2%)	4,800 (29.2%)	5,303 (30.0%)	18,908 (29.0%)
African American	1,453 (28.4%)	2,961 (27.0%)	3,956 (26.4%)	4,141 (25.2%)	4,331 (24.5%)	16,842 (25.8%)
Asian/Pacific Islander	96 (1.9%)	203 (1.8%)	276 (1.8%)	300 (1.8%)	335 (1.9%)	1,210 (1.9%)
American Indian	34 (0.7%)	80 (0.7%)	90 (0.6%)	99 (0.6%)	106 (0.6%)	409 (0.6%)
Other	83 (1.6%)	172 (1.6%)	251 (1.7%)	267 (1.6%)	321 (1.8%)	1,094 (1.7%)
Total	5,112 (100%)	10,979 (100%)	15,013 (100%)	16,427 (100%)	17,691(100%)	65,222 (100%)

Figure 2-8
Ethnicity



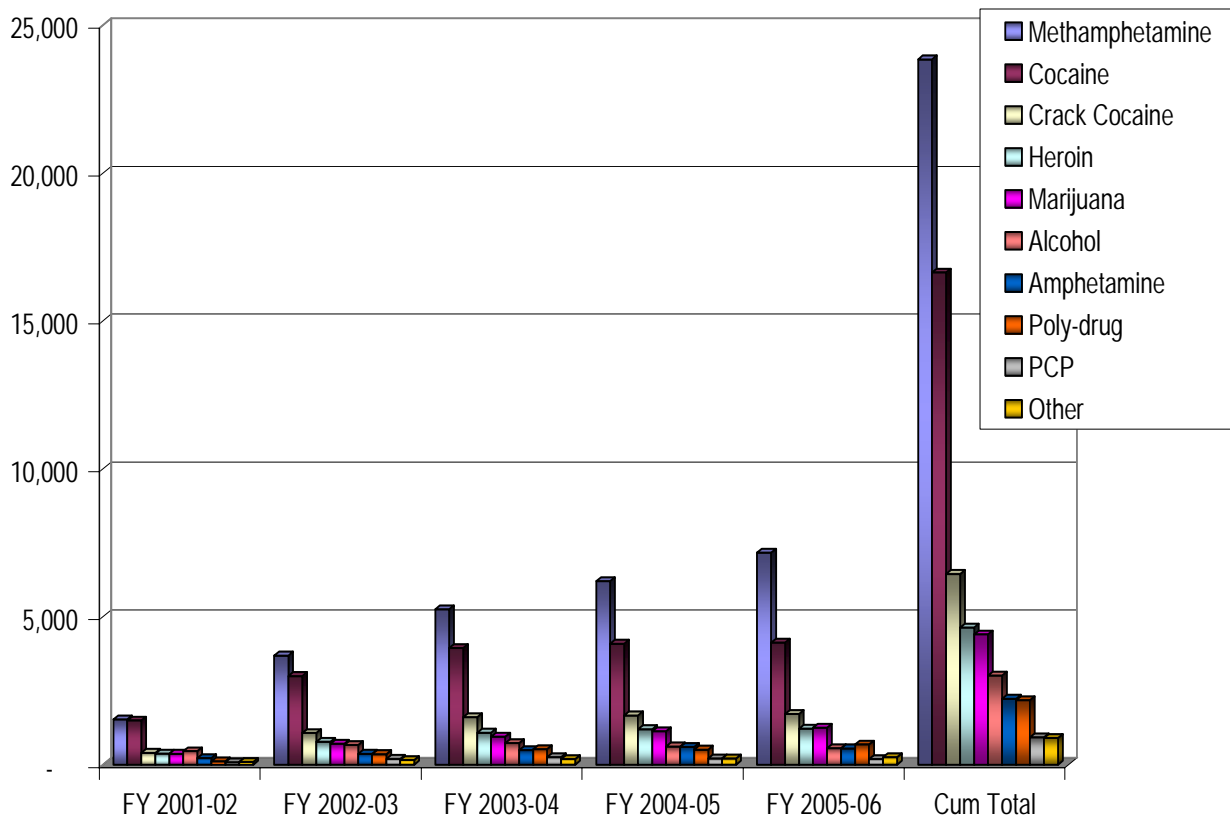
Primary Drug of Choice Reported by Participants

Methamphetamine remained the most prevalent primary drug of choice (36.6%) reported by program participants across all five fiscal years 2001-2006 (See Table 2-4, and Figure 2-9). The most notable trend was that the percentage of participants reporting methamphetamine as the primary drug of choice increased approximately 10.6 percent over the past five years (from 29.9 percent in FY 2001-02 to 40.5 percent in FY 2005-06). The percentage of participants reporting cocaine or alcohol as the primary drug of choice reflected a downward trend (six percent and five percent respectively).

Table 2-4 Primary Drug of Choice Reported by Participants

<i>Drug Name</i>	<i>FY 2001-02</i>	<i>FY 2002-03</i>	<i>FY 2003-04</i>	<i>FY 2004-05</i>	<i>FY 2005-06</i>	<i>Cum Total</i>
Methamphetamine	1,527 (29.9%)	3,692 (33.6%)	5,251 (35.0%)	6,203 (37.8%)	7,168 (40.5%)	23,841(36.6%)
Cocaine	1,491 (29.2%)	2,996 (27.3%)	3,941 (26.3%)	4,086 (24.9%)	4,126 (23.3%)	16,640(25.5%)
Crack cocaine	400 (7.8%)	1,068 (9.7%)	1,606 (10.7%)	1,663 (10.1%)	1,715 (9.7%)	6,452 (9.9%)
Heroin	370 (7.2%)	774 (7.0%)	1,080 (7.2%)	1,198 (7.3%)	1,215 (6.9%)	4,637 (7.1%)
Marijuana	365 (7.1%)	713 (6.5%)	947 (6.3%)	1,133 (6.9%)	1,245 (7.0%)	4,403 (6.8%)
Alcohol	452 (8.8%)	664 (6.0%)	729 (4.9%)	615 (3.7%)	554 (3.1%)	3,014 (4.6%)
Amphetamine	222 (4.3%)	366 (3.3%)	491 (3.3%)	596 (3.6%)	552 (3.1%)	2,227 (3.4%)
Poly-drug	115 (2.3%)	355 (3.2%)	520 (3.5%)	509 (3.1%)	682 (3.9%)	2,181 (3.3%)
PCP	79 (1.5%)	195 (1.8%)	256 (1.7%)	211 (1.3%)	185 (1.0%)	926 (1.4%)
Other	91 (1.8%)	156 (1.4%)	192 (1.3%)	213 (1.3%)	249 (1.4%)	901 (1.4%)
Total	5,112 (100%)	10,979 (100%)	15,013 (100%)	16,427 (100%)	17,691 (100%)	65,222 (100%)

Figure 2-9
Primary Drug of Choice



Primary Treatment Services – Level of Services

Throughout all five fiscal years, Level II had the largest number of participants (39.6%). The percentage of participants placed in Level I remained the same while the percentage of participants placed in Level III increased slightly during FY 2005-06 as shown in Table 2-5.

Table 2-5 Primary Treatment Services – Level of Services

<i>Treatment Level</i>	<i>FY 2001-02</i>	<i>FY 2002-03</i>	<i>FY 2003-04</i>	<i>FY 2004-05</i>	<i>FY 2005-06</i>	<i>Cum Total</i>
Level I	1,926 (37.7%)	4,022 (36.6%)	5,766 (38.4%)	6,117 (37.2%)	6,597 (37.3%)	24,428(37.5%)
Level II	2,057 (40.2%)	4,654 (42.4%)	5,845 (38.9%)	6,396 (39.0%)	6,868 (38.8%)	25,820(39.6%)
Level III	1,129 (22.1%)	2,303 (21.0%)	3,402 (22.7%)	3,914 (23.8%)	4,226 (23.9%)	14,974(23.0%)
Total	5,112 (100%)	10,979 (100%)	15,013 (100%)	16,427 (100%)	17,691 (100%)	65,222 (100%)

Treatment Modality

The relative percentages of participants admitted to outpatient and residential treatment services fluctuated slightly during the first five fiscal years as shown in Table 2-6. Less than one percent of participants received narcotic replacement therapy.

Table 2-6 Treatment Modality

<i>Modality</i>	<i>FY 2001-02</i>	<i>FY 2002-03</i>	<i>FY 2003-04</i>	<i>FY 2004-05</i>	<i>FY2005-06</i>	<i>Cum. Total</i>
Outpatient	4,433 (86.7%)	9,596 (87.4%)	13,057 (87.0%)	14,082 (85.7%)	15,083 (85.0%)	56,251(86.2%)
Residential	661 (12.9%)	1,334 (12.9%)	1,859 (12.4%)	2,230 (13.6%)	2,480 (14.0%)	8,564 (13.1%)
NTP*	18 (0.4%)	49 (0.4%)	97 (0.6%)	115 (0.7%)	128 (1.0%)	407 (0.7%)
Total	5,112 (100%)	10,979 (100%)	15,013 (100%)	16,427 (100%)	17,691 (100%)	65,222 (100%)

* Narcotic Treatment Program

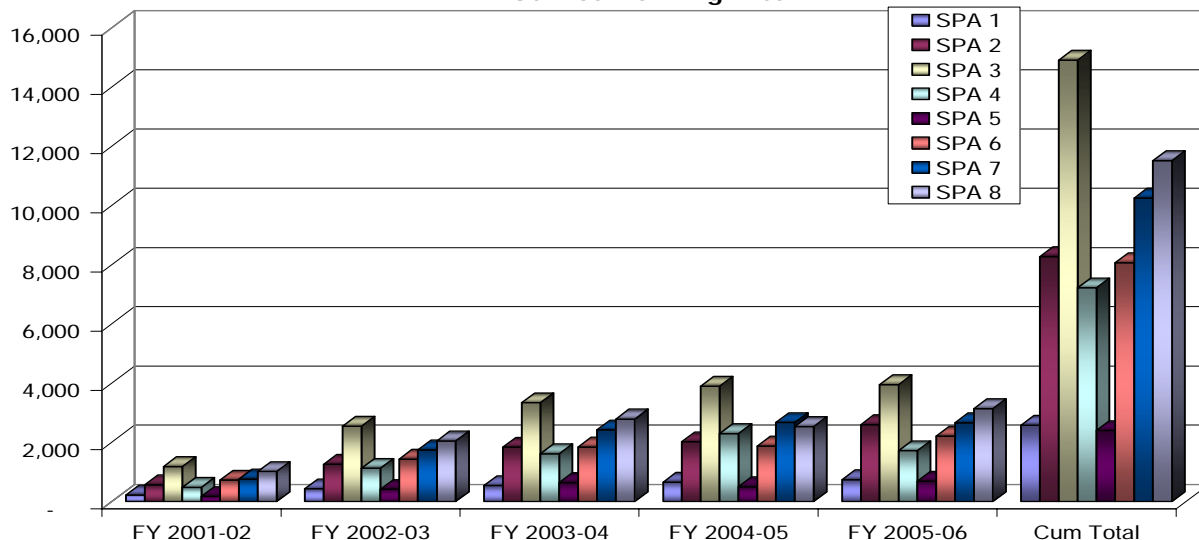
Participants by Service Planning Area

Throughout the first five fiscal years, the largest number of Proposition 36 participants that were assessed and provided treatment services was in SPA 3 (San Gabriel Valley, 22%), followed by SPA 8 as shown in Table 2-7 and Figure 2-9. On the other hand, SPA 4 (Metro) had a 4.31 percent decline in participants in FY 2005-06 compared to FY 2004-05. SPA 7 (East) reflected a constant reduction in the percentage of total participants. SPA 1 (Antelope Valley) and SPA 5 (West) have continuously reflected the fewest number of participants in Los Angeles County.

Table 2-7 Participants by Service Planning Area

<i>Service Planning Area (SPA)</i>	<i>FY 2001-02</i>	<i>FY 2002-03</i>	<i>FY 2003-04</i>	<i>FY 2004-05</i>	<i>FY 2005-06</i>	<i>Cumulative Total</i>
SPA 1	222 (4.3%)	429 (3.9%)	541 (3.6%)	647 (3.9%)	737 (4.2%)	2,576 (3.9%)
SPA 2	563 (11.0%)	1,259 (11.5%)	1,837 (12.2%)	2,021 (12.3%)	2,597 (14.7%)	8,277 (12.7%)
SPA 3	1,185 (23.2%)	2,543 (23.1%)	3,340 (22.2%)	3,896 (23.7%)	3,949 (22.3%)	14,913(22.9%)
SPA 4	481 (9.4%)	1,120 (10.2%)	1,614 (10.8%)	2,291 (14.0%)	1,715 (9.7%)	7,221 (11.1%)
SPA 5	170 (3.3%)	407 (3.7%)	637 (4.2%)	502 (3.1%)	684 (3.9%)	2,400 (3.6%)
SPA 6	721 (14.1%)	1,428 (13.0%)	1,840 (12.3%)	1,872 (11.4%)	2,207 (12.5%)	8,068 (12.4%)
SPA 7	758 (14.9%)	1,745 (15.9%)	2,418 (16.1%)	2,668 (16.2%)	2,664 (15.0%)	10,253(15.7%)
SPA 8	1,012 (19.8%)	2,048 (18.7%)	2,786 (18.6%)	2,530 (15.4%)	3,138 (17.7%)	11,514(17.7%)
Total	5,112 (100%)	10,979 (100%)	15,013 (100%)	16,427 (100%)	17,691 (100%)	65,222 (100%)

Figure 2-10
Service Planning Area



Levels of Conviction

The proportion of felony versus misdemeanor convictions among Proposition 36 participants remained at 2:1 across the first five fiscal years as shown in Table 2-8.

Table 2-8 Levels of Conviction

<i>Conviction</i>	<i>FY 2001-02</i>	<i>FY 2002-03</i>	<i>FY 2003-04</i>	<i>FY 2004-05</i>	<i>FY 2005-06</i>	<i>Cum. Total</i>
Felony	3,600 (70%)	7,146 (65%)	9,836 (66%)	10,685 (65%)	11,179 (63.2%)	42,446 (65%)
Misdemeanor	1,512 (30%)	3,833 (35%)	5,177 (34%)	5,742 (35%)	6,512 (36.8%)	22,776 (35%)
Total	5,112 (100%)	10,979 (100%)	15,013 (100%)	16,427 (100%)	17,691 (100%)	65,222 (100%)

Supervision (Probation versus Parole)

During the first three fiscal years, Proposition 36 participants who were under dual supervision of Parole and Probation were counted as "probationers." As of October 1, 2004, the State ADP changed the referral source entry for dual-supervision participants in the California Alcohol and Drug Data System (CADDs). Under the new definition, dual-supervision participants were counted as parolees. As a result of this change in definition, the number of parolees in FY 2004-05 more than doubled over the previous fiscal year, and stayed at these levels through FY 2005-06 (Refer to Table 2-9).

Table 2-9 Supervision (Probation versus Parole)

<i>Supervision</i>	<i>FY 2001-02</i>	<i>FY 2002-03</i>	<i>FY 2003-04</i>	<i>FY 2004-05</i>	<i>FY 2005-06</i>	<i>Cum Total</i>
Probation	5,066 (99%)	10,452 (95%)	14,117 (94%)	14,437 (88%)	16,007 (90%)	60,079 (92%)
Parole	46 (1%)	527 (5%)	896 (6%)	1,990 (12%)	1,684 (10%)	5,143 (8%)
Total	5,112 (100%)	10,979 (100%)	15,013 (100%)	16,427 (100%)	17,691 (100%)	65,222 (100%)

F. Program Completion

Total Number of Participants Successfully Completing a Treatment Program

Successful completion of Proposition 36 treatment also requires compliance with the conditions of probation/ parole supervision. During the first five years since the enactment of Proposition 36, a cumulative total of 11,413 participants have successfully completed treatment under the Program. The number of Proposition 36 participants who have successfully completed their treatment programs increased by 140 percent from FY 2001-02 to FY 2002-03, by 160 percent from FY 2002-03 to FY 2003-04, by two percent from FY 2003-04 to FY 2004-05, and by eight percent from FY 2004-05 to FY 2005-06.

Table 2-10
Total Number of Participants Successfully Completing a Treatment Program

	<i>FY 2001-02</i>	<i>FY 2002-03</i>	<i>FY 2003-04</i>	<i>FY 2004-05</i>	<i>FY 2005-06</i>	<i>Cum. Total</i>
Participants	500	1,199	3,118	3,176	3,420	11,413

Total Number of Participants with Case Dismissals Following Completion of Treatment

The total number of participants that successfully completed treatment and subsequently received dismissals by the Court increased by 750 percent from FY 2001-02 to FY 2002-03, increased by 245 percent from FY 2002-03 to FY 2003-04, increased by 45 percent from FY 2003-04 to FY 2004-05, and decreased by 22 percent from FY 2004-05 to FY 2005-06 as shown in Table 2-11. Sixty percent of participants who successfully completed treatment over the first five years had their cases dismissed.

Table 2-11
Total Number of Participants with Case Dismissals Following Completion of Treatment

	<i>FY 2001-02</i>	<i>FY 2002-03</i>	<i>FY 2003-04</i>	<i>FY 2004-05</i>	<i>FY 2005-06</i>	<i>Cum. Total</i>
Participants	60	510	1,759	2,544	1,987	6,860

II ACTIVITIES

A. *Enhancing Treatment Program*

i. *Community Assessment Services Centers*

From inception in 2001, eleven (11) Community Assessment Services Centers (CASCs) have provided assessment and treatment referral services to 37,766 new Proposition 36 participants. The CASCs made 117,436 actual contacts during the five-year period.

To enhance coordination between CASCs and the Proposition 36 Monitoring Courts, each CASC designated a member of their staff to act as Court Liaison. When necessary, the Court Liaisons attend court hearings with clients and provided information to bench officers. Some Court Liaisons also conduct assessments at the courthouses. The majority of CASCs conducts meetings with their local bench officers on a regular basis, in addition to attending the Regional Coordinating Council meetings.

ii. *Treatment Providers*

Of the 37,766 new participants assessed during the five-year period 2001-2006, a total of 30,452 reported to community-based providers for treatment services, as ordered. In terms of actual services, Proposition 36 treatment providers serve not only the new participants but also those still in active treatment at the beginning of the Fiscal Year. Thus, for the period 2001-2006, the providers served a cumulative total of 65,222.

To ensure optimum utilization of Proposition 36 treatment resources, ADPA reviewed the utilization trends of all Proposition 36 services contracts and made adjustments accordingly. ADPA also reviewed and monitored the treatment programs to ensure compliance with the treatment standards established for participants. In addition to primary treatment services and narcotics replacement therapy, these include provision of job development training, and literacy and educational services.

iii. *Drug Testing*

Treatment providers conduct random and observed drug tests based on protocols established by the treatment matrix for all Proposition 36 participants and use these tests as a treatment tool in compliance with program requirements. In support of this task, ADPA contracted the Laboratory Corporation of America (LabCorp) to transport, analyze, and report the drug-test results to all Proposition 36 treatment providers within a specified time frame. LabCorp is also tasked with providing training and technical assistance to treatment providers.

Following the terms of its contract with ADPA, LabCorp provides both laboratory-based and point-of-care tests. The lab-based urinalysis is done through a five-panel test, which covers cannabinoids, cocaine, methamphetamines, opiates, and phencyclidine (PCP). While urinalysis is considered the primary type of drug testing, alternative testing (cups and dip sticks) is also acceptable. The point-of-care tests used saliva alcohol strips, as well as test strips for barbiturates, benzodiazepines, methadone, cannabinoids, cocaine, opiates, methamphetamines, amphetamines, and phencyclidine.

The program requires treatment providers to record all test results in the Treatment Courts and Probation eXchange (TCPX) system. The providers are also required to fax the positive test results to the Court, Probation, and/or Parole within 24 hours of receipt of such results.

B. Enhancing the Treatment Courts and Probation eXchange (TCPX) Automated Information System

The Treatment Courts and Probation eXchange (TCPX) system is a browser-based, real-time application that was developed to support the client referral, treatment operational, and administrative requirements of the Proposition 36 program.

ADPA establishes connections for re-located agencies, conducts TCPX trainings for new staff members of treatment providers and court personnel, and provides ongoing technical assistance to all TCPX users. In addition, ADPA regularly updates the system to accurately reflect at any given time the complete roster of all Proposition 36 treatment providers along with each provider's treatment levels and types of services.

The system links community-based treatment providers at over 250 locations with the local courts, Community Assessment Services Centers, Probation Department and ADPA, and allows for the electronic and timely exchange of information. More importantly, this tool aids the CASC staff in making appropriate and timely referrals of program participants to treatment providers contracted by the County.

C. Continuing Regional Coordinating Council Meetings

A total of 80 Regional Coordinating Council meetings were conducted throughout Los Angeles County between fiscal year 2001-2006. Convened by ADPA at various public sites, attendance averaged approximately 75-100 persons per meeting. The meetings serve as a venue for receiving valuable inputs from key stakeholders and community groups such as those affiliated with the California Campaign for New Drug Policies, and towards identifying and resolving local implementation issues.

Feedback provided at the meetings facilitated the development and implementation of improvements to the program. Attendees also gained a better understanding of the various partnerships involved in implementing the County's Proposition 36 program. The meetings provide a systematic process for relaying to the Proposition 36 Executive Steering Committee,

issues for resolution, and facilitate the development of countywide policy and procedures and improvements thereto.

Regular meeting agenda items include updates by ADPA and roundtable discussions on topical issues among representatives of partner agencies, such as the Court, Laboratory Corporation of America (LabCorp), Probation, Parole, CASCs, treatment providers, and interested members of the general public. The agendas and meeting summaries are posted on the ADPA Proposition 36 web page. ADPA also maintains a calendar of all regional meetings on the program website.

D. Maintaining the Proposition 36 Helpline

At the inception of the Proposition 36 program, Los Angeles County ADPA established a toll-free Proposition 36 Help line to provide assistance and information to treatment providers, criminal justice agencies, and the Court, as well as participants and the public regarding Proposition 36 services. Between 2001-2006 the Proposition 36 Help line received more than 3000 calls, initiated by County-contracted treatment providers, bench officers, Deputy Probation Officers, Proposition 36 participants and other sectors.

Among the calls received, the nature of inquiries consisted of the following:

- Treatment-related issues - 86%;
- Drug testing issues - 2%;
- Community Assessment Services Centers - 6%;
- Treatment Courts and Probation eXchange (TCPX)-related policies and procedures - 6%;
- Treatment services matrix – less than 1%;
- Los Angeles County Participant Reporting System (LACPRS)-related policies and procedures – less than 1%.

E. Participating in Community Assessment Services Center (CASC) Directors' Meetings

ADPA staff participate in the monthly meetings of the directors of the Community Assessment Services Centers (CASCs). These meetings allow the CASC directors to share information regarding assessments, workload, and other issues related to Proposition 36 participants. The meetings also provide ADPA with information on hard-to-place clients and those with special needs. Issues regarding the CASCs and requests for policy clarifications are shared with the Proposition 36 Executive Steering Committee and the Regional Coordinating Council Meetings.

F. Public Awareness and Education

ADPA has been committed to educating and informing the public in line with the County's efforts on the Proposition 36 program and developments therein. The following activities were conducted during FY 2001-2006:

- Eighty Regional Coordinating Council Meetings have been conducted from the inception of the Proposition 36 program.
- ADPA staff members and the Proposition 36 Executive Steering Committee participated in numerous conferences and meetings as a means of raising public awareness about the program.
- ADPA maintained the ADPA Proposition 36 website (www.lapublichealth.org/adpa) which provided up-to-date information about the implementation of Proposition 36. The site included such information as the Regional Coordinating Council meeting schedules, agendas and discussion summaries, annual reports on Proposition 36, as well as all other information related to Proposition 36 for the benefit of all program stakeholders including County personnel, ADPA providers and program participants.

G. Program Evaluation

i. Evaluation of the Substance Abuse and Crime Prevention Act Final Report

The Substance Abuse Crime Prevention Act of 2000 (SACPA) specifically requires that the California Department of Alcohol and Drug Programs contract with a public university to conduct a long-term, independent statewide evaluation project aimed at reviewing the effectiveness and financial impact of Proposition 36. The integrated Substance Abuse Programs of the University of California, Los Angeles (UCLA-ISAP) was selected to evaluate SACPA. The evaluation began on January 1, 2001 and ended on December 31, 2006. It covers four domains: implementation, offender outcomes, cost-offset, and lessons learned. The SACPA evaluation provides state and national policymakers with information needed to make decisions about the future of SACPA in California and similar programs elsewhere. **(Attachment I)** provides a summary of key findings and recommendations as identified in the study.

ii. Evaluation of the Substance Abuse and Crime Prevention Act, Los Angeles County

An evaluation of the implementation and impact of SACPA in Los Angeles County was conducted using databases compiled by the County of Los Angeles. The study identified individuals in Los Angeles County who were convicted of SACPA-eligible drug offenses between July 2001 and June 2003. Four key findings were identified from an evaluation designed to study patterns of SACPA outcomes in two primary areas: recidivism and treatments. **(Attachment II)** provides a summary of key findings and recommendations as identified in the evaluation of SACPA in Los Angeles County.

CHAPTER THREE

I. TAKING PROPOSITION 36 TO THE NEXT LEVEL AND BEYOND - PLANS FOR FISCAL YEAR 2007-08

Los Angeles County clearly met the mandate of the law to provide comprehensive treatment services for drug offenders who would otherwise be incarcerated due to their substance abuse problems. At any given time, approximately 5,000 persons were in treatment for substance abuse problems under the umbrella of Proposition 36 in Los Angeles County.

Although the appropriated funding for the Proposition 36 program ended June 30, 2006, the mandate for the provision of Proposition 36 drug treatment services continues indefinitely.

On January 10, 2006, Governor Arnold Schwarzenegger proposed \$120 million for Proposition 36 on a one-time basis for FY 2006-07. This proposal does not address the escalating costs faced by the counties, and the increased number of defendants coming into the program.

Furthermore, the Governor proposed additional funding under the Substance Abuse Offender Treatment Program (OTP). Assembly Bill 1808 established in Fiscal year 2006/2007 appropriated \$25 million for OTP services to counties that demonstrate a funding commitment of ten percent. The provisions as set by the Governor for OTP are to improve SACPA program outcomes; offender accountability; show rates, retention and completion outcomes.

To enhance SACPA program outcomes through OTP, the Governor included the following areas of reform:

- Enhance treatment services for offenders assessed to need them, including residential treatment and narcotic replacement therapy.
- Increase the proportion of sentenced offenders who enter, remain in, and complete treatment through activities and approaches such as co-location of services, enhanced supervision of offenders, and enhanced services determined as necessary through the use of existing drug test results.
- Reduce delays in the availability of appropriate treatment services.
- Use of a drug court model, including dedicated court calendars with regularly scheduled reviews of treatment progress, and strong collaboration by the courts, probation, and treatment.
- Develop treatment services that are needed but not available.
- Other activities, approaches, and services approved by State Department of Alcohol and Drug Programs (ADP), after consultation with stakeholders.

Los Angeles County having implemented the majority of the OTP strategies and enhancements since the inception of Proposition 36, was allocated \$8.0 million under OTP with a required ten percent county match for FY 2006/07.

To meet this challenge Los Angeles County will incorporate the following enhancements:

1. Expand access and capacity with treatment providers that will use or adopt similar strategies for serving homeless clients with the majority of whom have co-occurring mental health and substance abuse disorders.
2. Expand access and capacity with treatment providers that are using or willing to learn and utilize the Matrix Intensive Outpatient Treatment Manual for People with Stimulant Use Disorders or other similar programs that utilize the same principles for treating clients reporting methamphetamine as the primary drug of choice.
3. Expand Transitional Housing/Alcohol and Drug Free Living Centers that are tied to an Intensive Outpatient Program. These living centers will provide six-months of transitional housing for clients who are concurrently enrolled in an Intensive Outpatient Program. The costs for Intensive Outpatient Program with Transitional Housing/Alcohol and Drug Free Living Centers are approximately 30 percent less than residential treatment.
4. Establish a Co-Occurring Disorders Court that specializes in servicing Proposition 36 clients with co-occurring mental and substance abuse disorders that require more intensive supervision and treatment service by Court, Probation, and treatment providers.
5. Expand the use of evidence-based best practice systems and reinforcement strategies¹ by Proposition 36 treatment providers, which can include more involvement on the part of the client's family members in the reinforcement paradigm. This component would also involve relationship counseling (communication training, and assertiveness training).
6. Expand the County's training component, which provides on-going clinical training through a schedule of conferences and workshops presented to treatment providers and CASCs on a quarterly basis, and are made available to all stakeholders (clinicians, Court staff, Probation, and Deputy Public Defenders). The topics should continue to include: retention in treatment issues; motivation enhancement techniques; case management; issues specific to Court-mandated therapy; training for the Bench Officers on Proposition 36 issues; issues with the dual-diagnosis client population; psychopharmacology; psycho-social adjustment disorders; development of treatment plans; and the needs of special populations.

¹ (Source: National Institute on Drug Abuse (NIDA), Therapy Manuals for Drug Addiction Series, Manual #2, "A Community Reinforcement Plus Vouchers Approach: Treating Cocaine Addiction", Budney, A., Higgins, S., April 1998.

7. Improve program management of Proposition 36 resources by implementing training modules for Courts, CASCs, Treatment Providers, and Bench Officers. Judges have educated themselves on the various aspects of treatment and recovery, and actively engage with treatment providers in a collaborative effort to carry out a client's treatment program.

Although the uncertainty of continued funding will play a significant role in the ongoing efforts of Proposition 36, the campaign to properly fund the program will be headed by the Los Angeles County Proposition 36 Task Force who are: actively working with key stakeholders in Los Angeles County and throughout California to make the best case for ensuring long-term funding; implement needed changes; address needs based on trends or collected data; and implement efforts for uniform standards in support of treatment. Los Angeles County will continue to implement the delivery of treatment based on a Continuum of Care framework.

CHAPTER FOUR

CONCLUSION

I. TAKING A LOOK BACK – THE FIRST FIVE YEARS

Despite facing significant challenges, Los Angeles County successfully implemented Proposition 36. From voter passage of the initiative in November 2000 to the mandated implementation deadline of July 1, 2001, the County had only seven months to make major changes to long-established procedures for handling drug offenders in both the criminal justice and drug treatment service systems. Due to the earlier establishment of the County's Drug Court Program, a system for communication and collaboration was already in place. It was this foundation that allowed for the rapid planning and implementation of a countywide Proposition 36 program. The use of dedicated courts, co-location of various initial assessment and probation services, an automated information and reporting system, and continuous communication among key stakeholders were all critical elements contributing to the many significant milestones and achievements accomplished by the County partners and stakeholders.

From inception through June 30, 2006:

- A cumulative total of 45,947 new defendants were convicted and sentenced by the Court or were ordered by the California Department of Corrections and Rehabilitation to participate in Proposition 36.
- A total of 37,766 defendants were given assessment and treatment referral services by the Community Assessment Services Centers (CASCs). The overall show rate for treatment during the first five years was 82 percent.
- Of the 37,766 new participants assessed during the five-year period 2001-2006, a total of 30,452 (81 percent) reported to community-based providers for treatment services, as ordered.
- The relative proportion of participants by gender has remained the same during all five fiscal years. Averaging 79 % male and 21% female.
- The relative percentages of participants by age has changed very little across the past five fiscal years. The largest number of participants came from the 36 – 40 age bracket.
- Throughout all five fiscal years, Hispanic/Latino have comprised an estimated 40 percent of Proposition 36 participants.
- Methamphetamine has remained the most prevalent primary drug of choice reported by program participants across all five fiscal years. The most notable change was the reporting rate from 29.9 % in FY 2001-02 to 40.5 % in FY 2005-06.

- The largest number of Proposition 36 participants that were assessed and provided treatment services was in SPA 3 (San Gabriel Valley), which comprised 23% of all participants, followed by SPA 8 (South) which comprised 18 % of all participants.
- A total of 11,413 were successfully discharged by treatment providers
- Of the 11,413 participants completing treatment, a total of 6,860 have petitioned the Court to have their cases dismissed.

ATTACHMENTS

EVALUATION OF SUBSTANCE ABUSE AND CRIME PREVENTION ACT- FINAL REPORT: KEY FINDINGS AND RECOMMENDATIONS

I. Program Evaluation – Statewide SACPA Evaluation¹

The Substance Abuse Crime Prevention Act of 2000 (SACPA) specifically requires that the California Department of Alcohol and Drug Programs contract with a public university to conduct a long-term, independent statewide evaluation project aimed at reviewing the effectiveness and financial impact of Proposition 36. The Integrated Substance Abuse Programs of the University of California, Los Angeles (UCLA-ISAP) was selected to evaluate SACPA. The evaluation began on January 1, 2001 and ended on December 31, 2006. It covered four domains: implementation, offender outcomes, cost-offset, and lessons learned. The SACPA evaluation provides state and national policymakers with information needed to make decisions about the future of SACPA in California and similar programs elsewhere.

The evaluation of SACPA in California looked at ten Focus Counties, selected on the basis of the following criteria:

- Mix of urban and rural counties;
- Broad geographic coverage of the state;
- Capabilities for collecting Proposition 36-relevant data; and
- Diversity of implementation strategies.

The scope and terms of collaboration between the Focus Counties and the evaluating team were tailored to each County and designed to serve both the evaluation needs and county-specific purposes. Each Focus County was responsible for facilitating contacts with Proposition 36 participants, assisting the evaluation team in accessing program data, and participating in focus groups and stakeholder surveys.

Benefit-Cost Analysis

The evaluation included three (3) studies whose results showed SACPA yielded cost savings for both the state and local governments:

- i. Taxpayers saved nearly \$2.50 for every \$1 invested.
- ii. Treatment “completers” saved \$4 for every \$1 allocated.
- iii. Cost savings for the second year of SACPA were similar to cost savings in the first year.

¹ *Evaluation of the Substance Abuse and Crime Prevention Act Final Report*, Final Report of 2001-2006 SACPA Evaluation Prepared for the Department of Alcohol and Drug Programs California Health and Human Services Agency, University of California Los Angeles, Integrated Substance Abuse Programs, Released April 13, 2007.

Key Conclusions

The statewide evaluation of SACPA presented the following key conclusions:

SACPA was a sound investment for taxpayers. From a taxpayer's perspective, SACPA saved nearly \$2.50 for every \$1 allocated. For treatment completers, the savings were \$4 for every \$1 allocated.

A small number of offenders are responsible for a large percentage of new crimes committed. UCLA found that the typical SACPA offender had no convictions in the 30 months following their SACPA-eligible conviction. In contrast, offenders with five or more convictions in the 30-month period prior to their SACPA-eligible conviction produced crime costs ten times higher than those of the typical offender.

Treatment completion was associated with better outcomes. SACPA offenders who completed treatment had better outcomes during the follow-up period. Treatment completers had lower levels of drug use, lower rates of unemployment, and were less likely to re-offend.

SACPA implementation was not associated with a significant increase or decrease in statewide crime trends. UCLA analysis of statewide crime trends showed some trends fluctuated slightly, upward or downward, but there was no reliable evidence of any significant change in any of the crime trends analyzed.

Treatment differences exist. Residential treatment placements were significantly lower for SACPA referrals than for non-SACPA criminal justice referrals. The effect of treatment placement (residential or outpatient) on criminal justice outcomes was most dramatic for SACPA offenders reporting methamphetamine as their primary drug. The limited use of NRT among opiate users had public safety implications as opiate-using SACPA referrals who were not placed in NRT had worse criminal justice outcomes than those who were.

Establish an infrastructure for evaluation. The use of administrative databases is essential to the evaluation of SACPA and other statewide policies.

SACPA can be improved. SACPA implementation practices vary widely across the state. This provides an opportunity to identify promising practices. Evidence-based practices drawn from the research literature should be incorporated wherever possible.

II. Improving SACPA

The evaluation presented five (5) options for improving the performance of SACPA: 4 treatment options and 1 community-supervision enhancement option. These options and their estimated costs are as follows:

Option A: Pre-SACPA-Era Placement Parity. Providing SACPA-era clients with the care they would have received had they been referred to treatment through the criminal justice system in the pre-SACPA-era, would cost an additional \$19 million.

- Option B: Providing an Adequate Treatment "Dose."* It would cost at least \$18 million to get all SACPA offenders who did not receive 90 days of care to a 90-day treatment minimum mark.
- Option C: Providing Treatment to Offenders Not Currently Entering Treatment.* Providing outpatient drug-free treatment to those individuals who are currently untreated would increase treatment costs by at least \$13.3 million.
- Option D: Providing NRT Treatment-to-Treatment Clients Not Currently Receiving NRT.* Extending NRT to all medically eligible clients, including SACPA treatment clients who report opiates as their primary drug and who were assigned to outpatient drug-free treatment, would result in an annual cost increase of at least \$3.7 million.
- Option E: Enhanced Community Supervision.* The cost of enhanced community supervision under SACPA depends on the supervision needs of the offender. Offenders' number of prior convictions in the 30-month period preceding their entry into SACPA was shown to be a strong predictor of follow-up recidivism. Estimates are based on a 25% enhancement to the current supervision cost of offenders who enter SACPA with no convictions in the 30 months prior to their SACPA conviction, 50% enhancement for offenders who enter with one to four prior convictions in the 30 months prior to their SACPA conviction; and the provision of intensive supervision probation (ISP) for offenders who have five or more prior convictions in the 30 months prior to their SACPA conviction. The enhancements in community supervision would result in an increased cost of supervision of approximately \$25 million.

Recommendations

Based on evidence accumulated over the course of the evaluation, the following were the recommendations generated for consideration by the state of California:

1. *Allocate funding to ensure greater availability of favorable drug treatment options* - residential treatment for those with the most severe drug abuse as determined by a standardized assessment, and NRT as a first line intervention for those with heroin or other opiate use problems.
2. *Pursue practices associated with better SACPA show rates*, including locating assessment units in or near the court, performing assessments in a single visit, allowing walk-in assessments without appointments, and incorporating procedures used in drug courts. Also incorporate evidence-based practices established by existing research and consider financial incentives for counties and providers instituting these practices.
3. *Explore handling offenders with high rates of prior convictions differently*, to possibly include placement into more controlled treatment settings, more intensive supervision, or drug court referral.

4. *Continue to improve collaboration and coordination among the courts, probation, parole, and treatment systems, toward admitting offenders into appropriate treatment in the shortest possible time while maintaining appropriate levels of oversight and supervision.*
5. *Consider using drug testing information as an objective basis for delivery of additional services or for a program of graduated sanctions for offenders who are not complying with SACPA requirements.*
6. *Make a concerted and collaborative effort to streamline access to and use of state data for authorized evaluation studies. Also improve the quality of data sources such as the SACPA Reporting Information System.*
7. *Conduct further policy-relevant sub-studies to address issues that remain, including research on barriers to success and potential implementation improvements for Hispanics, parolees, offenders with co-occurring mental disorders, women including pregnant women and women with children, and the homeless. Also conduct research to investigate the net effect of SACPA on crime among the broader population of both drug offenders and non-drug offenders.*

EVALUATION OF SACPA IN LOS ANGELES COUNTY: KEY FINDINGS AND RECOMMENDATIONS

An evaluation¹ of the implementation and impact of SACPA in Los Angeles County was conducted using databases compiled by the County of Los Angeles. The study identified individuals in Los Angeles County who were convicted of SACPA-eligible drug offenses between July 2001 and June 2003. The study also identified individuals convicted of SACPA-eligible drug offenses between July 2000 and December 2000 and made this the comparison group. Individuals in these two groups were followed for 24 months after their conviction date using administrative databases to examine patterns of criminal recidivism and treatment outcomes.

I. Key Findings

The evaluation had the following as its key findings:

1. ***SACPA represented a major shift in drug offender sentencing in Los Angeles County***
Approximately 8,400 offenders were sentenced to SACPA in each of the first two years of implementation. This represented an increased burden on treatment, probation, parole, and Court systems while relieving pressure from county jails and state prisons. Compared to the comparison group prior to SACPA implementation, the number of offenders convicted of SACPA eligible crimes and sentenced to state prison decreased by 47 percent and the number sentenced to jail decreased by 31 percent. However, the number of offenders placed on probation (including SACPA) increased by 17 percent. Reductions in jail time served on the qualifying offense alone resulted in a savings to the County while increases in probation time represented an additional cost. The potential net change in County costs due to reductions in jail incarceration and increases in probation in lieu of jail on the SACPA qualifying charge was estimated at approximately \$8 million in the year following the conviction². Other costs associated with treatment and courts also increased to an unmeasured degree.

¹ Evaluation of the Substance Abuse and Crime Prevention Act, Los Angeles County, University of California, Los Angeles, Integrated Substance Abuse Programs, to be released by 2007 (DRAFT)

² Real jail savings may not have been fully realized due to elasticity in the system. That is, jail capacity created by reductions in time served by drug offenders may have been filled by offenders who were incarcerated for other types of offenses. To the extent that this occurred it represents a policy decision to re-allocate resources that became available under SACPA policy. Further changes in costs occurred in other County services as well as at other levels of government level (e.g. state prisons). These changes were beyond the scope of this evaluation, but many are addressed in the Statewide SACPA Cost Benefit Analysis released by UCLA in April 2006. Longshore, D., Hawken, A., Urada, D., & Anglin, M.D. (2006). SACPA COST ANALYSIS REPORT (First and Second Years), University of California, Los Angeles, Integrated Substance Abuse Programs.

2. ***SACPA participants are not all “lightweight” offenders***
 Offenders sentenced to SACPA were re-arrested at higher rates than offenders who received other sentences, primarily due to drug related charges. This is consistent with the profile of an unincarcerated population with treatment needs. Compared to offenders sentenced to jail or non-SACPA probation, SACPA offenders had greater numbers of prior lifetime convictions and were more likely to have been convicted of a felony on the initial qualifying offense in the study.
3. ***Treatment works.***
 SACPA participants who received treatment had positive outcomes on both drug use and recidivism measures: drug use decreased across all classes of drugs from admission to discharge, longer stays in treatment were associated with lower re-arrest rates, and treatment completers were less than half as likely to be re-arrested compared to offenders who did not complete treatment, even after controlling for differences in criminal history, demographic, and drug use characteristics.
4. ***Prompt admission to treatment is associated with better outcomes***
 Participants who did not enter treatment within 30 days of sentencing went on to account for 68 percent of all re-arrests over a 24-month period³. However nearly all of those arrests occurred after the 30-day period, so participants who failed to enter treatment within this window represent good targets for intervention. More generally, half of all people arrested during the follow-up period are arrested within six months of SACPA sentencing. This suggests that procedures aimed at increasing treatment admission and retention during this critical period should play an important part in future planning. SACPA participants who completed treatment were admitted to treatment an average of 20 days faster than those who failed to complete treatment.

Recommendations

The evaluation made the following key recommendations for consideration by Los Angeles County:

1. **Increase the number of admissions occurring within 30 days of sentencing.** Both drug use and recidivism outcomes were more favorable when the time between sentencing and treatment admission was shorter. Improvements may require new money for case management, transportation, capacity expansion, and other services based on better assessment of client needs. Incorporation of practices shown to shorten waiting times and reduce no-shows may help (e.g., those recommended by the Network for the Improvement of Addiction Treatment).

³ Arrests were defined as new cases. These are not arrests due to bench warrants which may have been issued on the original case due to failure to appear or other violations.

2. **Develop further strategies for offenders who are not admitted into available treatment within 30 days.** This group is at high risk of recidivism and dropout from alcohol and drug treatment.
3. **Develop strategies to increase the percentage of offenders who complete treatment.** Recommendations should be taken from research-based practices aimed at improving continuation and completion of treatment (e.g., from the Network for the Improvement of Addiction Treatment).
4. **Continue research.** Prioritize research on identifying needs among high-risk groups, developing strategies for addressing these needs, analyzing predictors of success, and rapidly evaluating the effectiveness of new procedures and policies. Make findings available to stockholders in order to inform decision-making on further improvements.

Countywide Criminal Justice Coordination Committee
Proposition 36 Implementation Task Force

Roster

LOS ANGELES SUPERIOR COURT

LUNA, Ana Maria, CHAIR
Judge

BARELA, Henry
Judge

DEVOE, Cathrin
Commissioner

DESHAZER, Ellen
Judge

DI FRANK, Loren
Commissioner

DOMINGUEZ, Juan
Judge

HARKAVY, Jeffrey
Commissioner

HONEYCUTT, Alan
Judge

KELLOGG, Michael
Judge

KENNEDY, Donald
Commissioner

KLEIN, Ross
Judge

MILLINGTON, Scott
Judge

MULVILLE, Harold
Commissioner

REYES, Dorothy
Judge

RIZK, Georgina Torres
Judge

RODRIQUEZ, Jose A.
Commissioner

SANCHEZ, Deborah
Judge

SERIO, Collette
Commissioner

SMERLING, Terry
Judge

TYNAN, Michael
Judge

WRIGHT, Victor
Judge

CICHY, Susan
Central Administrator, Criminal Courts

**DEPARTMENT OF PUBLIC HEALTH
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ALTERNATE PUBLIC DEFENDER

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MENTAL HEALTH DEPARTMENT

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Director

INTERNAL SERVICES DEPARTMENT

LAMBERTSON, Dave

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Public Defender

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Chief, Adult Field Services Bureau

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PANNELL, Willie
Commander

DEPARTMENT OF CORRECTIONS

MARTINEZ, Alfred
Acting Regional Administrator

DEPARTMENT OF PUBLIC SOCIAL SERVICES

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Program Director, Supportive Services

AUDITOR-CONTROLLER

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Chief, Accounting Division

**NARCOTICS AND DANGEROUS DRUGS
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GLENDALE CITY ATTORNEY

HOWARD, Scott H.
City Attorney

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DICKERSON, Charles E.
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JEFFRIES, Dan F.
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GODDARD, Jerry
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TORRANCE CITY ATTORNEY

ACCIANI, Robert
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CALIFORNIA CAMPAIGN FOR NEW DRUG POLICIES

ZIMMERMAN, Bill
Executive Director

PROVIDER COALITIONS

African American Alcohol and Other Drug Council

BRANCH, Cheryl
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**California Association of Alcohol and
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HIV Drug and Alcohol Task Force

CASANOVA, Mark
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LONG BEACH CITY PROSECUTOR

REEVES, Thomas
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PASADENA CITY PROSECUTOR

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O'CONNELL, James
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California Therapeutic Communities

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Phoenix House

Countywide Criminal Justice Coordination Committee
Proposition 36 Executive Steering Committee

Roster
2005 – 06

Superior Court

Luna, Ana Maria, CHAIR
Judge

Tynan, Michael
Judge

Cichy, Susan
Central Administrator, Criminal Courts

**Countywide Criminal Justice
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Director

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Zajec, John
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Newman, Jane
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Chief Operative Officer
Tarzana Treatment Center

Narcotics and Dangerous Drugs Commission

Gentile, Lawrence
President, Behavioral Health Services

PROPOSITION 36 MONITORING COURTS

JUNE 7, 2006

Court/District	Location	Court #	Judicial Officer	Court Clerk	Courtroom Assistant	Court Telephone #	Court Fax #
North	Lancaster	Dpt.A-10	Comm. Cathrin DeVoe	Kim Seyler	Mai Lin Jaramillo	661-974-7410	661-974-7534
North Valley	San Fernando	Div. 130	Comm. Jeffrey Harkavy	Anne Ouellette Laura Naradovy	Patricia Keck	818-898-2597	818-898-2599
Northwest	Van Nuys	Div. 100	Comm. Thomas Grodin	Theresa Wilkins	Dawn Mallow	818-374-2639	818-902-4444
East	West Covina	Div. 6	Comm. Mulville	Angela Andarza	Regina Serrano	626-813-3230	626-813-0217
East	El Monte	Div. 2	Comm. Rodriguez	Cecilia Morales	Debbie Medina	626-575-4134	626-279-2271
East	Pomona	Div. 4	Hon. Gloria White-Brown	Maria Baltierra	Elizabeth Del Real	909-620-3235	909-622-7902
Northeast	Pasadena	Dept. G	Comm. Serio	Stephanie Jones	Rose Tillett	626-356-5665	626-397-9173
Northeast	Pasadena	Dept. D	Hon. Terry Smerling	Sharon Rosemont		626-356-5647	626-397-9187
Southeast	Downey	Div. 2	Comm. Cynthia Zuzga	Allison Wegner	Debbie Medina	562-803-7292	562-803-4816
Southeast	Bellflower	Div. 2	Comm. Armando Moreno	Corrina Ornales		562-804-8029	562-866-1433
Southeast	Whittier	Div. 1	Comm. Loren DiFrank	Miriam Ayala	C. Jennings-Valenzuela	562-907-3140	562-693-6042
Central	CCB	Div. 42	Comm. Catherine Pratt	Harold Semel/ Hope Patino	William Adamo / Paul So	213-974-6037	213-617-0682
	CCB	Div. 43	Hon. Dorothy B. Reyes	Pat Perez/Denise Santiago	Leticia Menjivar Cheri Grant	213-974-6039	213-217-4936
	ELA	Div. 7	Hon. Henry Barela	Diane Lopez		323-780-2015	323-526-3745
South Central	Compton	Div. 5	Hon. Ellen DeShazer	Laurie Brown	K. Duncan	310-603-7137	310-763-0911
South	Long Beach	Dept. 3	Hon. Otis Wright	Penny Doval	Renic Blodgett	562-491-6240	562-436-1713
Southwest	Inglewood	Div. 6	Hon. Deborah Christian	Vikki Johnson	Joy Alailima-Millon	310-419-5115	310-330-8677
Southwest	Torrance	Div. 6	Hon. Michael Vicencia	Erica Hill	Susan Delgado	310-222-8841	310-783-5114
West	Airport	Div. 146	Hon. Scott Millington		Byron Davis	310-727-6063	310-727-0697

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Regions 3 & 7 (East & Southeast Districts)

Sandy Lopez, Administrator II

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Clara Shortridge Foltz Criminal Justice Center

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Regions 5 & 8 (South, West & Southwest Districts)

Miriam Docter, Administrator II

Airport Courthouse

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**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
ALCOHOL AND DRUG PROGRAM ADMINISTRATION
PROGRAM DEVELOPMENT AND TECHNICAL DIVISION
COMMUNITY ASSESSMENT SERVICES CENTERS (CASC)
PROPOSITION 36 CASC - CONTACT LIST**

ASSESSMENT LOCATIONS	SERVICE PLANNING AREA (SPA)	CASC DIRECTOR-CONTACT
Tarzana Treatment Center 44447 North 10 th Street West Lancaster, CA 93534	1	Terry Nico X4113 – John Meade X4129 Phone # (661) 726-2630 Fax (661) 952-1172
Tarzana Treatment Center 18646 Oxnard Street Tarzana, CA 91356	2	Monica Weil Ph.D. – Tammi DeMasters X3853 CASC (818) 654-3853 Phone # (818) 996-1051– X2062 Fax (818) 996-1753
Prototypes – San Gabriel Valley 11100 E. Valley Blvd. Suite 116 El Monte, CA 91731 Prototypes – Pomona 172 W. Willow St. Pomona, CA 91768 Prototypes – Pasadena 2555 Colorado Blvd., Suite 101 Pasadena, CA 91101	3	Georgina Yoshioka (Acting Director) – Alicia Trivison Phone # (626) 444-0705 Fax (626) 444-0710 Georgina Yoshioka – Eliza Ramirez Neally Phone # (909) 623-4131 Fax (909) 623-3101 Georgina Yoshioka – Diego Gonzalez Phone # (626) 449-2433 Fax (626) 449-2665
Homeless Health Care 2330 Beverly Blvd. Los Angeles, CA 90057	4	Sandy Song – David Murillo Phone (213) 342-3114 Fax (213) 342-3124
Didi Hirsch CMHC 11133 Washington Blvd. Culver City, CA 90230	5	Ruth Ann Markusen – Charles Bullitts Phone # (310) 895-2339 Fax (310) 895-2395
ICS – LA 5715 S. Broadway Ave. Los Angeles, CA 90037	6	Kathy Harvey – Jaysanna Collins Phone # (323) 948-0444 Fax (323) 948-0443
California Hispanic 9033 Washington Blvd. Pico Rivera, CA 90660	7	Malala Elston – Sam Campbell Phone # (562) 942-9625 Fax (562) 942-9695
BHS – Gardena 15519 Crenshaw Blvd. Gardena, Ca 90249 BHS - Long Beach 1775 N. Chestnut Ave. Long Beach, CA 90813	8	Celia Aragon – Lisa Sandoval Phone # (310) 973-2272 Fax (310) 973-7813 Celia Aragon – Lisa Sandoval Phone # (562) 218-8387 Fax (562) 591-4494
DHS Liaison		Pauline Lopez Phone # (626) 299-4518 Fax (626) 458-6823

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County of Los Angeles – Department of Health Services
Alcohol and Drug Program Administration
Proposition 36 Toll Free Help Line
1- 888 - 742-7900
www.lapublichealth.org/adpa/

SUMMARY OF TREATMENT, SUPERVISION, and CONTINUING CARE SERVICES MATRIX
(Revised JULY 2, 2002)

LEVEL I

ADMISSION CRITERIA	Probation Risk Level: 0-14 * No prior violent felony or misdemeanor violent convictions Clinical ASI: Low Range * No Special Needs
MINIMUM PROGRAM REQUIREMENTS	Participation in Treatment: At least 120 days (18 weeks) <u>Actual length of time depends upon completion of Treatment Plan goals and objectives.</u> Active participation in continuing care (aftercare) for 6 mo. Tx Drug Tests: (18 wks @ 1/week) Random, observed All positive Drug Tests must be reported to the Court upon receipt of results Treatment: <u>Outpatient:</u> 18 weeks @ 3 hrs/week = 54 hours (min. 2 sessions per wk.) Combination of individual, group, education sessions NA/AA meetings: 36 mtgs @ 2/wk Probation Supervision: 36 months (Optional early termination at court's discretion)
TREATMENT LEVEL ESCALATION MODIFICATION CRITERIA (Non-judicial)	(3) positive Tx drug tests OR (3) missed Tx, sessions, OR (3) missed NA/AA meetings OR any combination of (3) positive test or missed sessions/meetings WITHIN A 30-DAY PERIOD Any positive tests, along with other considerations, can trigger escalation to the next treatment level
TREATMENT LEVEL MODIFICATION PROCEDURES	<u>IF probationer fails (3) Tx test OR (3) sessions/meetings OR combination within a 30-day period</u> PROVIDER: <ul style="list-style-type: none"> - Contacts DPO w/in 48 hours of latest incident - Conducts mandatory individual session w/probationer w/in 72 hrs. of incident to develop Level II Tx plan - Notify DPO and Court of immediate up – phasing to Level II
PROBATION ROLE	<ul style="list-style-type: none"> - Work with Provider in monitoring drug testing and Tx compliance - Respond to non-compliance and dirty Tx test reports - Administer minimum quarterly/random PB drug test, increase frequency as necessary - Document and report to court all violations, and/or non-compliance, and/or changes in treatment level
COURT ROLE	<ul style="list-style-type: none"> - Document non-compliance - Monitor hearings as needed or requested by DPO - Review participant contests of movement to higher phase - Review/approve probation recommendation to retain in Level I treatment in lieu of automatic movement to Level II - Retain jurisdiction for 18 months - Review/approve probation recommendation for early termination/expungement - Conduct hearing if positive drug tests or treatment failures occur w/in (2) weeks of program completion
PROVIDER ROLE	<ul style="list-style-type: none"> - Provide Tx & admin. Tx tests - Monitor compliance and submit all mandatory reports to Probation/Court - Collaborate w/DPO re. Tx & Supervisory needs

LEVEL II

ADMISSION CRITERIA	Probation Risk Level: 15-29 * No prior violent felony convictions Clinical ASI: Mid Range
MINIMUM PROGRAM REQUIREMENTS	Participation in Treatment: At least 224 days (32 weeks) <u>Actual length of time depends upon completion of Treatment Plan goals and objectives.</u> Active participation in continuing care (aftercare) for 6 mo. Tx Drug Test: (32 @ 1/week = 32) Random, observed All positive Drug Tests must be reported to the Court upon receipt of results Treatment: <u>Intensive Outpatient:</u> 32 weeks @ 6 hours/week = 192 hours (Min. 3 sessions per wk.) <u>Intensive Day Care:</u> 24 weeks @ 3 hrs/3 days per wk. = 216 hrs. Combination of individual, group, education sessions NA/AA meetings: 128 meetings (32 wks @ 4/wk) Probation Supervision 36 months (Optional Early termination of Probation at court's discretion)
VIOLATION CRITERIA	(1) positive Probation drug test, OR (3) or more positive Tx drug test, OR (3) or more missed Tx sessions or (3) missed NA/AA meetings OR Combination of (3) positive test or missed sessions/meetings WITHIN A 30-DAY PERIOD Any arrests, absconding, or willful violations of program requirements
	PROVIDER: - Submits violation/non-compliance report w/DPO w/in 48 hours of latest incident DPO: - Files court report and request for violation hearing w/in 72 hrs. COURT - Review/rule on Probation violation recommendation
PROBATION ROLE	- Work with Provider in monitoring drug testing and Tx compliance - Respond to non-compliance and dirty Tx test repts - Random drug test during program - Administer minimum quarterly/random PB drug test, increase frequency as necessary - Document and report to court all violations and/or non-compliance
COURT ROLE	- Document non-compliance - Conduct status hearings as needed or requested by DPO - Review/approve probation recommendation for violation or determine Tx program modifications - Retain jurisdiction for 24 months - Review/approve probation recommendation for early termination/expungement - Conduct hearing if positive drug test or treatment failures occur w/in (2) weeks or program completion
PROVIDER ROLE	- Provide Tx & administer Tx test - Monitor compliance and submit all mandatory reports to Probation/Court - Collaborate w/DPO re. Tx & Supervisory needs

LEVEL III

ADMISSION CRITERIA	Probation Risk Level: 30 + Clinical ASI: High Range
MINIMUM PROGRAM REQUIREMENTS	Participation in Treatment: At least 280 days (40 weeks) <u>Actual length of time depends upon completion of Treatment Plan goals and objectives.</u> Active participation in continuing care (aftercare) for 6 mo. Tx Drug Test: (8 weeks @ 2/weeks = 16) & (32 weeks @ 1/week = 32) Total tests 48 Random, Observed All positive Drug Tests must be reported to the Court upon receipt of results Treatment: <u>Intensive Outpatient:</u> 40 weeks @ 9 hours/week = 360 (min 5 sessions per wk) <u>Intensive Day Care:</u> 24 week @ 3 hrs/3 days per week = 216 hrs. <u>Residential:</u> no less than 30 or more than 180 days Combination of individual, group, education sessions NA/AA meetings: <u>Outpatient:</u> 200 meetings (40 wks @ 5/wks) <u>Day Care:</u> 120 meetings (24 weeks @ 5/wks) <u>Residential:</u> 104 meetings (26 weeks @ 4 wks) Probation Supervision: 36 months (Optional Early termination at court's discretion)
VIOLATION CRITERIA	(1) Positive Probation drug test, OR (3) or more positive Tx drug test, OR (3) or more missed Tx sessions OR (3) missed sessions/meetings OR Combination of (3) positive test or missed sessions/meetings WITHIN A 30-DAY PERIOD Any arrest, absconding, or willful violations of program requirements
VIOLATION PROCEDURES	PROVIDER: - Submits violation/non-compliance report with DPO w/in 48 hours of latest incident DPO: - Files court report and request for violation hearing w/in 72 hrs. COURT: - Review/rule on Probation violation recommendation
PROBATION ROLE	- Work with Provider in monitoring drug testing and Tx compliance - Respond to non-compliance and dirty Tx test reports - Random drug test during program - Administer minimum quarterly/random PB drug tests, increase frequency as necessary - Document and report to court all violations and/or non-compliance
COURT ROLE	- Document non-compliance - Conduct status hearing as needed or requested by DPO - Review/approve probation recommendation for violation or determine Tx program modifications - Retain jurisdiction for 24 months - Review /approve probation recommendation for early termination/expungement - Conduct hearing if positive drug test or treatment failures occur within (2) weeks of program completion
PROVIDER ROLE	- Provide Tx & administer Tx test - Monitor compliance and submit all mandatory reports to Probation/courts - Collaborate w/DPO re. Tx & Supervisory needs

CONTINUING CARE

Continuing care or aftercare, is the last stage of treatment, when the client no longer requires the intensive services offered during primary treatment. Continuing care can occur in a variety of settings, such as periodic outpatient meetings, relapse/recovery groups, self-help groups and halfway houses. Services may include relapse prevention, alumni activities and mentorship programs. Continuing care services shall be supervised follow-up.

In concurrence with the recommendation of the treatment provider, the Court may order participation in continuing care upon the successful completion of primary treatment services. Movement of the client into the continuing care stage shall only be made with the approval of the Court.

Continuing care services for Proposition 36 clients should include the following:

- Documented continuation of ancillary services in a continuing care plan that includes monthly progress reports to the Court (copy to Probation) for six months;
- Mandatory attendance at no less than three (3) 12-step/self-help meetings or support groups per week;
- Voluntary attendance at treatment provider alumni group meetings; and
- One face-to-face group contact per month with treatment provider to verify client participation.

If a Proposition 36 participant is in danger of relapse, the treatment provider shall make a recommendation to the Court to allow the participant to return to primary treatment services.

Upon successful completion of primary treatment and continuing care, the Court in concurrence with the treatment provider's recommendation, may order the treatment phase of Proposition 36 completed.

County of Los Angeles
Alcohol and Drug Program Administration
Proposition 36 Treatment Agencies
As of 06/29/2006

Provider Name	Modality	Address	City	Zip	Phone	Fax	SPA
Aegis Medical Services, Inc.	ONTMS	1825 Thelborn Street	West Covina	91791	(626) 915-3844	(626) 915-3845	3
Aegis Medical Services, Inc.	ONTMS	1322 North Avalon Boulevard	Wilmington	90744	(310) 513-1300	(310) 513-1311	8
Aegis Medical Services, Inc.	ONTMS	14240 East Imperial Highway	La Mirada	90231	(562) 946-1587	(562) 946-5740	5
Aegis Medical Services, Inc.	ONTMS	2321 South Pontius Avenue	Los Angeles	90064	(310) 478-8066	(310) 478-8821	5
Aegis Medical Services, Inc.	ONTMS	1050 North Garey Avenue	Pomona	91767	(909) 623-6391	(909) 620-9491	3
Aegis Medical Services, Inc.	ONTMS	1724 East Washington Boulevard	Pasadena	91104	(626) 794-1161	(626) 794-6071	3
Aegis Medical Services, Inc.	ONTMS	11041 Valley Boulevard	El Monte	91731	(626) 442-4177	(626) 442-4498	3
Aegis Medical Services, Inc.	ONTMS	614 West Manchester Boulevard	Inglewood	90301	(310) 412-0879	(310) 412-3365	8
Aegis Medical Services, Inc.	ONTPDX	1825 Thelborn Street	West Covina	91791	(626) 915-3844	(626) 915-3845	3
Aegis Medical Services, Inc.	ONTPDX	14240 East Imperial Highway	La Mirada	90231	(562) 946-1587	(562) 946-5740	5
Aegis Medical Services, Inc.	ONTPDX	1322 North Avalon Boulevard	Wilmington	90744	(310) 513-1300	(310) 513-1311	8
Aegis Medical Services, Inc.	ONTPDX	2321 South Pontius Avenue	Los Angeles	90064	(310) 478-8066	(310) 478-8821	5
Aegis Medical Services, Inc.	ONTPDX	1050 North Garey Avenue	Pomona	91767	(909) 623-6391	(909) 620-9491	3
Aegis Medical Services, Inc.	ONTPDX	1724 East Washington Boulevard	Pasadena	91104	(626) 794-1161	(626) 794-6071	3
Aegis Medical Services, Inc.	ONTPDX	11041 Valley Boulevard	El Monte	91731	(626) 442-4177	(626) 442-4498	3
Aegis Medical Services, Inc.	ONTPDX	614 West Manchester Boulevard	Inglewood	90301	(310) 412-0879	(310) 412-3365	8
Alcoholism Center for Women, Inc.	RS	1135 South Alvarado Street	Los Angeles	90006	(213) 381-8500	(213) 381-8529	4
Alcoholism Council of Antelope Valley/NCA	OC	44815 Fig Avenue, Suite 101	Lancaster	93534	(661) 948-5046	(661) 948-5049	1
Alcoholism Council of Antelope Valley/NCA	OC	38345 30th Street East, Suite B-2	Palmdale	93550	(661) 274-1062	(661) 274-1065	1
Alta Med	ONTMS	1701 Zonal Avenue	Los Angeles	90033	(323) 223-6146	(323) 223-6399	4
Alta Med	ONTPDTX	1701 Zonal Avenue	Los Angeles	90033	(323) 223-6146	(323) 223-6399	4
American Asian Pacific Ministries, Inc.	DCH	4022 North Rosemead Boulevard	Rosemead	91770	(626) 287-3475	(626) 287-3485	3
American Asian Pacific Ministries, Inc.	OC	4022 North Rosemead Boulevard	Rosemead	91770	(626) 287-3475	(626) 287-3475	3
American Indian Changing Spirits	RS	2120 Williams Street, Building 1	Long Beach	90810	(562) 388-8118	(562) 388-8117	8
Antelope Valley Rehabilitation Center	RS	38200 North Lake Hughes	Castaic	91310	(661) 257-2342	(661) 294-0024	2
Antelope Valley Rehabilitation Center/High Desert Recovery Services	OC	44900 North 60th Street West	Lancaster	93536	(661) 945-8458	(661) 945-8471	1
Asian American Drug Abuse Program, Inc.	DCH	1088 South La Brea Avenue	Los Angeles	90019	(323) 295-0262	(323) 295-2375	6
Asian American Drug Abuse Program, Inc.	OC	1088 South La Brea Avenue	Los Angeles	90019	(323) 295-0262	(323) 295-2375	4
Asian American Drug Abuse Program, Inc.	RS	5318 South Crenshaw Boulevard	Los Angeles	90043	(323) 293-6284	(323) 295-4075	4
Atlantic Recovery Services	OC	9722 San Antonio Street	South Gate	90280	(323) 564-6925	(323) 563-7497	7
Atlantic Recovery Services	OC	1909 Atlantic Avenue	Long Beach	90806	(562) 218-5246	(562) 218-5244	8
Avalon Carver Community Center	OC	4920 South Avalon Boulevard	Los Angeles	90011	(323) 232-4391	(323) 232-0481	6
Beacon House Association of San Pedro (The)	RS	1003 South Beacon Street	San Pedro	90731	(310) 514-4940	(310) 831-0070	8
Beacon House Association of San Pedro (The)	RS	1012 South Palos Verdes Street	San Pedro	90731	(310) 514-4940	(310) 831-0070	8
Beacon House Association of San Pedro (The)	RS	124 West Eleventh Street	San Pedro	90731	(310) 514-4940	(310) 831-0070	8
Beacon House Association of San Pedro (The)	RS	132 West 10th Street	San Pedro	90731	(310) 514-4940	(310) 831-0070	8
Behavioral Health Services, Inc.	OC	6838 Sunset Boulevard	Hollywood	90028	(323) 461-3161	(323) 461-5633	4
Behavioral Health Services, Inc.	OC	3421 East Olympic Boulevard	Los Angeles	90023	(323) 262-1786	(323) 262-2659	7

County of Los Angeles
Alcohol and Drug Program Administration
Proposition 36 Treatment Agencies
As of 06/29/2006

Provider Name	Modality	Address	City	Zip	Phone	Fax	SPA
Behavioral Health Services, Inc.	OC	4065 Whittier Boulevard, Suites 202 - 203	Los Angeles	90022	(323) 269-4890	(323) 269-1852	7
Behavioral Health Services, Inc.	OC	1318 North Avalon Boulevard, Suite A	Wilmington	90744	(310) 549-2710	(310) 549-2715	8
Behavioral Health Services, Inc.	OC	404 Edgewood Street	Inglewood	90302	(310) 673-5750	(310) 673-1236	8
Behavioral Health Services, Inc.	OC	15519 South Crenshaw Boulevard, Suite A	Gardena	90249	(310) 679-9031	(310) 679-9034	8
Behavioral Health Services, Inc.	OC	2180 West Valley Boulevard	Pomona	91768	(909) 865-2336	(909) 865-1831	3
Behavioral Health Services, Inc.	RDTX	2180 West Valley Boulevard	Pomona	91768	(909) 865-2336	(909) 865-1831	3
Behavioral Health Services, Inc.	RDTX	1775 North Chestnut Avenue	Long Beach	90813	(562) 599-8444	(562) 591-6134	8
Behavioral Health Services, Inc.	RS	2180 West Valley Boulevard	Pomona	91768	(909) 865-2336	(909) 865-1831	3
Behavioral Health Services, Inc.	RS	2501 West El Segundo Boulevard	Hawthorne	90250	(323) 754-2816	(323) 754-2828	8
Behavioral Health Services, Inc.	RS	1775 North Chestnut Avenue	Long Beach	90813	(562) 599-8444	(562) 591-6134	8
California Drug Consultants, Inc.	DCH	659 East Walnut Street	Pasadena	91101	(626) 844-0410	(626) 844-3135	3
California Drug Consultants, Inc.	OC	659 East Walnut Street	Pasadena	91101	(626) 844-0410	(626) 844-3135	3
California Graduate Institute Substance Abuse Program	OC	1145 Gayley Avenue, 3rd Floor	Los Angeles	90024	(310) 208-4240	(310) 208-0684	5
California Hispanic Commission on Alcohol and Drug Abuse, Inc.	OC	13020 Francisquito Avenue	Baldwin Park	91706	(626) 813-0288	(626) 813-0928	3
California Hispanic Commission on Alcohol and Drug Abuse, Inc.	OC	5801 East Beverly Boulevard	Los Angeles	90022	(323) 722-4529	(323) 722-4450	7
California Hispanic Commission on Alcohol and Drug Abuse, Inc.	RS	2436 Wabash Avenue	Los Angeles	90033	(213) 780-8756	(323) 780-0151	4
California Hispanic Commission on Alcohol and Drug Abuse, Inc.	RS	327 North Saint Louis Street	Los Angeles	90033	(323) 261-7810	(323) 261-8555	4
California Hispanic Commission on Alcohol and Drug Abuse, Inc.	RS	530 North Avenue 54	Los Angeles	90042	(323) 254-2423	(323) 256-9258	4
Cambodian Association of America	OC	2501 Atlantic Avenue	Long Beach	90806	(562) 988-1863	(562) 988-1475	8
Canon Human Services, Inc.	OC	9705 South Holmes Avenue	Los Angeles	90002	(323) 249-9097	(323) 249-9121	6
Canon Human Services, Inc.	RS	9705 South Holmes Avenue	Los Angeles	90002	(323) 249-9097	(323) 240-9121	6
Casa de las Amigas	OC	160 North El Molino Avenue	Pasadena	91101	(626) 792-2770	(626) 792-5826	3
Casa de las Amigas	RS	160 North El Molino Avenue	Pasadena	91101	(626) 792-2770	(626) 792-5826	3
Casa de las Amigas	OC	744 East Walnut Avenue	Pasadena	91101	(626) 792-2770	(626) 792-5826	3
Chabad of California, Inc.	RS	5675 West Olympic Boulevard	Los Angeles	90036	(323) 965-1365	(323) 965-0444	4
Charles R. Drew University of Medicine and Science	OC	9307 South Central Avenue	Los Angeles	90002	(323) 564-6982	(323) 564-5970	6
Children's Institute International	OC	711 South New Hampshire Avenue	Los Angeles	90005	(213) 385-5100	(213) 383-1820	4
City of Compton	OC	404 North Alameda Street	Compton	90221	(310) 605-5693	(310) 639-5260	6
City of Long Beach, A Municipal Corporation	OC	2525 Grand Avenue, Suite 210	Long Beach	90815	(562) 570-4100	(562) 570-4049	8
City of Long Beach, A Municipal Corporation	OC	1133 East Rhea Street	Long Beach	90806	(562) 570-4440	(562) 570-4049	8
CLARE Foundation, Inc.	OC	1020 Pico Boulevard	Santa Monica	90404	(310) 314-6208	(310) 396-6974	5
CLARE Foundation, Inc.	RS	905 - 907 Pico Boulevard	Santa Monica	90404	(310) 314-6215	(310) 396-6974	5
CLARE Foundation, Inc.	RS	1871 9th Street	Santa Monica	90404	(310) 314-6238	(310) 396-6774	5
CLARE Foundation, Inc.	RS	1023 Pico Boulevard	Santa Monica	90404	(310) 450-4164	(310) 450-2024	5
Clinica Monsenor Oscar A. Romero	OC	2032 Marengo Street	Los Angeles	90033	(323) 780-6336	(323) 266-2549	4
Cri-Help, Inc.	OC	8330 Lakerishim Boulevard	North Hollywood	91605	(818) 255-7030	(818) 985-9427	2
Cri-Help, Inc.	RS	11027 Burbank Boulevard	North Hollywood	91601	(818) 985-8323	(818) 985-4297	2
Cri-Help, Inc.	RS	2010 Lincoln Park Avenue	Los Angeles	90031	(323) 222-1440	(323) 222-1317	4

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Provider Name	Modality	Address	City	Zip	Phone	Fax	SPA
Dare U to Care Outreach Ministry	RS	316 West 120th Street	Los Angeles	90061	(323) 756-3208	(323) 418-8480	6
Didi Hirsch Psychiatric Service	OC	4760 South Sepulveda Boulevard	Culver City	90230	(310) 751-5255	(310) 398-5690	5
Didi Hirsch Psychiatric Service	OC	672 South Lafayette Park Place, Suite 6	Los Angeles	90057	(213) 381-3626/(213)	(213) 380-8923	4
Didi Hirsch Psychiatric Service	RS	11643 Glenoaks Boulevard	Pacoima	91331	(818) 897-2609	(818) 890-7159	2
Do It Now Foundation	OC	7060 Hollywood Boulevard, Suite 201	Hollywood	90028	(323) 465-3784	(323) 465-3899	4
Driver Safety Schools, Inc.	OC	6316 Van Nuys Boulevard	Van Nuys	91401	(818) 787-7878	(818) 787-4076	2
Driver Safety Schools, Inc.	OC	4240 Overland Avenue	Culver City	90230	(310) 837-1818	(310) 837-4473	5
Eaton Canyon Foundation	RS	3323 East Fairpoint Street	Pasadena	91107	(626) 798-0150	(626) 798-8685	3
El Proyecto del Barrio	DCH	9140 Van Nuys Boulevard, Suite 211	Panorama City	91402	(818) 895-2206	(818) 895-0824	2
El Proyecto del Barrio	DCH	20800 Sherman Way	Winnetka	91306	(818) 710-5225	(818) 710-5220	2
El Proyecto del Barrio	OC	20800 Sherman Way	Winnetka	91306	(818) 710-5225	(818) 710-5220	2
El Proyecto del Barrio	OC	9140 Van Nuys Boulevard, Suite 211	Panorama City	91402	(818) 895-2206	(818) 894-0824	2
Epidaurus	RS	3745 South Grand Avenue	Los Angeles	90007	(213) 743-9075	(213) 743-9079	6
Family Counseling Services of West San Gabriel Valley	OC	10642 Lower Azusa Road	El Monte	91731	(626) 350-4400	(626) 350-4499	3
Family Services of Long Beach	OC	16704 Clark Avenue	Bellflower	90706	(562) 867-1737	(562) 867-6717	7
Family Services of Long Beach	OC	1043 Pine Avenue	Long Beach	90813	(562) 436-3358	(562) 436-9893	8
FOUND, Inc.	OC	830 South Olive Street	Los Angeles	90014	(213) 683-8300	(213) 488-3470	4
Fred Brown Recovery Services	RS	270 and 278 West 14th Street	San Pedro	90731	(310) 519-8723	(310) 519-9428	8
Fred Brown Recovery Services	RS	356 West 13th Street	San Pedro	90731	(310) 519-3737	(310) 519-9428	8
Grandview Foundation, Inc.	RS	225 Grandview Street	Pasadena	91103	(626) 797-1124	(626) 398-5984	3
Grandview Foundation, Inc.	RS	126 North Avenue 57	Los Angeles	90061	(323) 254-6134	(323) 254-6187	6
His Sheltering Arms, Inc.	RS	11101 South Main Street	Los Angeles	90061	(323) 755-6646	(323) 755-0275	6
House of Hope Foundation, Inc.	OC	205 West 9th Street	San Pedro	90731	(310) 521-9209	(310) 521-9241	8
House of Hope Foundation, Inc.	RS	235 West 9th Street	San Pedro	90731	(310) 831-9411	(310) 521-9241	8
Independence Community Treatment Clinic	OC	19231 Victory Blvd., #554	Reseda	91335	(818) 776-1755	(818) 776-1657	2
Jewish Family Service of Los Angeles	OC	8846 West Pico Boulevard	Los Angeles	90035	(310) 247-1180	(310) 858-8582	5
Joint Efforts	OC	505 South Pacific Avenue, Suite 205	San Pedro	90731	(310) 831-2358	(310) 831-2356	8
La Clinica Del Pueblo, Inc.	OC	1547 North Avalon Boulevard	Wilmington	90744	(310) 830-0100	(310) 830-0187	8
Laws Support Center	OC	2707 West 54th Street	Los Angeles	90043	(323) 294-5204	(323) 294-4758	6
Little House	RS	9718 Harvard Street	Bellflower	90706	(562) 925-2777	(562) 925-6888	7
Live Again Recovery Home, Inc.	RS	38215 North San Francisco Canyon Road	Saugus	91390	(661) 270-0020	(661) 270-1341	2
Los Angeles Centers for Alcohol and Drug Abuse	OC	333 South Central Avenue	Los Angeles	90013	(213) 626-6411	(213) 626-8115	4
Los Angeles Centers for Alcohol and Drug Abuse	OC	11015 Bloomfield Avenue	Santa Fe Springs	90670	(562) 906-2676	(562) 906-2681	7
Los Angeles Centers for Alcohol and Drug Abuse	RS	10425 Painter Avenue	Santa Fe Springs	90670	(562) 906-2685	(562) 944-6713	7
Mary-Lind Foundation	RS	360 South Westlake Avenue	Los Angeles	90057	(213) 483-9207	(213) 207-2733	4
Mary-Lind Foundation	RS	4445 Burns Avenue	Los Angeles	90057	(323) 664-8940	(323) 664-1786	4
Matrix Institute on Addictions	OC	12304 Santa Monica Boulevard, Suite 200	West Los Angeles	90025	(310) 207-4322	(310) 207-6511	5
Matrix Institute on Addictions	OC	19100 Ventura Boulevard, Suite 5	Tarzana	91356	(818) 654-2577	(818) 654-2580	2

County of Los Angeles
Alcohol and Drug Program Administration
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Provider Name	Modality	Address	City	Zip	Phone	Fax	SPA
Matrix Institute on Addictions	ONTMS	5220 West Washington Boulevard, Suite 101	Los Angeles	90016	(323) 933-9186	(323) 933-7146	6
Matrix Institute on Addictions	ONTPDTH	5220 West Washington Boulevard, Suite 101	Los Angeles	90016	(323) 933-9186	(323) 933-7146	6
MELA Counseling Services Center, Inc.	OC	5721 Whittier Boulevard	Los Angeles	90022	(323) 728-0100	(323) 728-9218	7
Mid Valley Recovery Services, Inc.	RS	3430 Cogswell Road	El Monte	91732	(626) 453-3400	(626) 453-3410	3
Mid Valley Recovery Services, Inc.	RS	453 South Indiana Street	Los Angeles	90063	(323) 266-7725	(323) 266-4402	7
MJB Transitional Recovery, Inc.	OC	11152 South Main Street	Los Angeles	90061	(213) 777-2491	(213) 777-0426	6
Mini Twelve Step House, Inc.	OC	200 North Long Beach Boulevard	Compton	90220	(310) 608-1505	(323) 295-6642	6
Mini Twelve Step House, Inc.	RS	303 East 52nd Street	Los Angeles	90011	(323) 232-6228	(323) 295-6642	6
NCADD - East San Gabriel and Pomona Valleys	OC	160 East Holt Street, Suite A	Pomona	91767	(909) 629-4084	(909) 629-4086	3
NCADD - East San Gabriel and Pomona Valleys	OC	4626 North Grand Avenue	Covina	91724	(626) 331-5316	(626) 332-2219	3
NCADD - Long Beach Area	DCH	830 Atlantic Avenue	Long Beach	90813	(562) 624-9757	(562) 624-8857	8
NCADD - Long Beach Area	OC	830 Atlantic Avenue	Long Beach	90813	(562) 624-9724	(562) 624-8857	8
NCADD - Long Beach Area	RS	836 Atlantic Avenue	Long Beach	90813	(562) 432-6807	(562) 435-9253	8
NCADD - San Fernando Valley, Inc.	OC	6640 Van Nuys Boulevard, Suite C	Van Nuys	91405	(818) 997-0414	(818) 997-0851	2
NCADD - San Fernando Valley, Inc.	OC	20655 Soledad Canyon Road, #16	Canyon Country	91351	(661) 299-2888	(661) 299-2887	2
NCADD - South Bay	OC	1334 Post Avenue	Torrance	90501	(310) 328-1460	(310) 328-1964	8
NCADD - South Bay	RS	351 East 6th Street	Long Beach	90802	(562) 435-7350	(562) 432-4532	8
Ness Counseling Center, Inc. (The)	OC	8512 Whitworth Drive	Los Angeles	90035	(310) 360-8512	(310) 360-2510	5
New Directions, Inc.	RS	11301 Wilshire Boulevard, VA Bldg. 257	Los Angeles	90073	(310) 914-4045	(310) 914-5495	5
New Directions, Inc.	RS	11303 Wilshire Boulevard, Bldg. 116	Los Angeles	90073	(310) 914-4045	(310) 914-5495	5
New Hope Health Service, Inc.	DCH	13325 Hawthorne Boulevard	Hawthorne	90250	(310)676-8030	(310) 676-8113	8
New Hope Health Service, Inc.	OC	13325 Hawthorne Boulevard	Hawthorne	90250	(310)676-8030	(310) 676-8113	8
New Way Foundation, Inc.	RS	207 North Victory Boulevard	Burbank	91502	(818) 845-2702	(818) 842-9416	2
Options - A Child Care and Human Services Agency	OC	560 South San Jose Avenue	Covina	91723	(626) 967-5103	(626) 351-5501	3
Options / Center for Integrated Family and Health Services	OC	540 South Eremland Drive, Suites A-D	Covina	91723	(626) 967-5103	(626) 351-5501	3
Palm House, Inc.	RS	2515 East Jefferson Street	Carson	90810	(310) 830-7803	(310) 830-6606	8
Palms Residential Care Facility (The)	RS	801 West 70th Street	Los Angeles	90044	(323) 759-0340	(323) 759-0466	6
Pasadena Council of Alcoholism and Drug Dependency	OC	1245 East Walnut Street, #117	Pasadena	91106	(626) 795-9127	(626) 795-0979	3
Pasadena Recovery Center	OC	1811 North Raymond Avenue	Pasadena	91103	(626) 345-9992	(626) 345-9995	3
Pasadena Recovery Center	RS	1811 North Raymond Avenue	Pasadena	91103	(626) 345-9992	(626) 345-9995	3
People Coordinated Services of Southern California	OC	3021 South Vermont Avenue	Los Angeles	90007	(323) 732-9124	(323) 735-7059	6
People Coordinated Services of Southern California	RS	1319 South Manhattan Place	Los Angeles	90019	(323) 734-1143	(323) 735-7059	4
People Coordinated Services of Southern California	RS	4771 South Main Street	Los Angeles	90037	(323) 233-3342	(323) 735-7059	6
People in Progress, Inc.	RS	8140 Sunland Boulevard	Sun Valley	91352	(818) 768-7494	(818) 768-0687	2
Phoenix Houses of Los Angeles, Inc.	OC	503 Ocean Front Walk	Venice	90291	(310) 392-3070	(310) 392-9068	5
Phoenix Houses of Los Angeles, Inc.	RS	503 Ocean Front Walk	Venice	90291	(310) 392-3070	(310) 392-9068	5
Phoenix Houses of Los Angeles, Inc.	RS	11015 Bloomfield Avenue	Santa Fe Springs	90670	(562) 941-8042	(562) 941-6592	7
Plaza Community Center	OC	4127 Cesar Chavez	Los Angeles	90063	(323) 269-0925	(323) 269-6248	7

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Provider Name	Modality	Address	City	Zip	Phone	Fax	SPA
Pomona Alcohol and Drug Recovery Center, Inc.	OC	558 North Towne Avenue	Pomona	91767	(909) 622-2273	(909) 622-6334	3
Pomona Community Crisis Center, Inc.	OC	232, 240 & 248 East Monterey Avenue	Pomona	91767	(909) 623-1588	(909) 629-2470	3
Pride Health Services, Inc.	DCH	8904 South Vermont Avenue	Los Angeles	90044	(323) 753-5950	(323) 753-6020	6
Pride Health Services, Inc.	DCH	8619 South Crenshaw Boulevard	Inglewood	90305	(310) 677-9019	(310) 677-9401	8
Pride Health Services, Inc.	OC	8904 South Vermont Avenue	Los Angeles	90044	(323) 753-5950	(323) 753-6020	6
Pride Health Services, Inc.	OC	8619 South Crenshaw Boulevard	Inglewood	90305	(310) 677-9019	(310) 677-9401	8
Principles, Inc.	OC	2623 Foothill Avenue	Pasadena	91107	(626) 564-4240	(626) 577-4250	3
Principles, Inc.	RS	1680 North Fair Oaks Avenue	Pasadena	91109	(626) 798-0884	(626) 798-6970	3
Prototypes	DCH	831 East Arrow Highway	Pomona	91767	(909) 398-4383	(909) 398-0125	3
Prototypes	OC	831 East Arrow Highway	Pomona	91767	(909) 398-4383	(909) 398-0125	3
Prototypes	RS	845 East Arrow Highway	Pomona	91767	(909) 624-1233	(909) 621-5999	3
Prototypes S.T.A.R. House/Domestic Violence Program	RS	P.O. Box 931595	Los Angeles	90093	(323) 461-4118	(909) 621-5999	4
RAP Community Recovery Services	OC	2055 North Garey Avenue, #2	Pomona	91767	(909) 596-5335	(909) 593-4865	3
Salvation Army	RS	809 East 5th Street	Los Angeles	90013	(213) 626-4786	(213) 626-0717	4
Salvation Army	RS	721 East 5th Street	Los Angeles	90013	(213) 622-5253	(213) 626-0717	4
Salvation Army	RS	5600 Rickenbacker	Bell	90201	(323) 263-1206	(323) 263-8543	7
Santa Anita Family Services	OC	605 South Myrtle Avenue	Monrovia	91016	(626) 359-9358	(626) 358-7647	3
Santa Anita Family Services	OC	716 North Citrus Avenue	Covina	91723	(626) 966-1755	(626) 859-0999	3
Shields for Families Project, Inc. (The)	OC	11705 Deputy Yamamoto Place	Lynwood	90262	(323) 357-6930	(323) 569-1136	6
Social Model Recovery Systems	OC	248 East Rowland Street	Covina	91723	(626) 332-7122	(626) 966-2799	3
Social Model Recovery Systems	RS	23701 East Fork Road	Azusa	91702	(626) 910-1202	(626) 910-1380	3
South Bay Human Services Coalition	OC	2370 West Carson Street, #136	Torrance	90501	(310) 328-0780	(310) 328-0175	8
Southern California Alcohol and Drug Programs, Inc.	DCH	8022 Somerset Avenue	Paramount	90723	(562) 272-4004	(562) 272-4309	6
Southern California Alcohol and Drug Programs, Inc.	OC	11500 Paramount Boulevard	Downey	90241	(562) 923-4545	(562) 622-8075	7
Southern California Alcohol and Drug Programs, Inc.	OC	11938 Paramount Boulevard	Downey	90241	(562) 923-4545	(562) 862-0918	7
Southern California Alcohol and Drug Programs, Inc.	RS	757 Loma Vista Drive	Long Beach	90813	(562) 435-4771	(562) 435-9290	8
Southern California Alcohol and Drug Programs, Inc.	RS	10511 Mills Avenue	Whittier	90604	(562) 944-7953	(562) 946-4413	7
Southern California Alcohol and Drug Programs, Inc.	RS	12322 Clearglen Avenue	Whittier	90604	(562) 947-3835	(562) 947-9895	7
Southern California Alcohol and Drug Programs, Inc.	RS	1755 Freeman Avenue	Long Beach	90804	(562) 986-5525	(562) 494-4268	8
Southern California Alcohol and Drug Programs, Inc.	RS	11401 Bloomfield Avenue, Suite 209 & 213	Norwalk	90650	(562) 864-7724	(562) 868-5374	7
Special Services for Groups	OC	5715 Broadway Street	Los Angeles	90037	(213) 621-2800	(213) 621-4119	6
Special Services for Groups/Homeless Outreach Program	OC	333 South Central Avenue	Los Angeles	90013	(213) 620-5712	(213) 621-4155	4
SPIRITT Family Services, Inc.	OC	11046 East Valley Mall	El Monte	91731	(626) 442-4788	(626) 448-3425	3
SPIRITT Family Services, Inc.	OC	13135 Barton Road	Whittier	90670	(562) 903-7000	(562) 903-7707	7
SPIRITT Family Services, Inc.	OC	147 South 6th Avenue	La Puente	91746	(626) 968-0041	(626) 968-0091	3
SPIRITT Family Services, Inc.	OC	1393 Grand Avenue, Suite A	Glendora	91740	(626) 852-2314	(626) 857-1043	3
Stepping Stones Home	RS	17727 Cypress Street	Covina	91722	(626) 967-2677	(626) 858-4923	3
Substance Abuse Foundation of Long Beach, Inc.	OC	3125 East 7th Street	Long Beach	90804	(562) 987-5722	(562) 987-4586	8
Substance Abuse Foundation of Long Beach, Inc.	OC	3131-3139 East 7th Street	Long Beach	90804	(562) 987-5722	(562) 987-4586	8

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Substance Abuse Foundation of Long Beach, Inc.	RS	3125 East 7th Street	Long Beach	90804	(562) 987-5722	(562) 987-4586	8
Substance Abuse Foundation of Long Beach, Inc.	RS	727-729 Obispo Avenue	Long Beach	90804	(562) 987-5722	(562) 987-4586	8
Sunrise Community Counseling Center	OC	537 South Alvarado Street, 2nd Floor	Los Angeles	90057	(213) 207-2770	(213) 207-2773	4
Tarzana Treatment Center	DCH	44447 North 10th Street West	Lancaster	93534	(661) 726-2630	(661) 726-2635	1
Tarzana Treatment Center	DCH	18646 Oxnard Street	Tarzana	91356	(818) 996-1051	(818) 654-3827	2
Tarzana Treatment Center	DCH	2101 Magnolia Avenue	Long Beach	90806	(562) 218-1868	(562) 591-0346	8
Tarzana Treatment Center	OC	44447 North 10th Street West	Lancaster	93534	(661) 726-2630	(661) 726-2635	1
Tarzana Treatment Center	OC	18646 Oxnard Street	Tarzana	91356	(818) 996-1051	(818) 345-3827	2
Tarzana Treatment Center	OC	18549 Roscoe Boulevard	Northridge	91234	(818) 654-3950	(818) 709-6435	2
Tarzana Treatment Center	OC	7101 Baird Avenue	Reseda	91335	(818) 342-5897	(818) 345-6256	2
Tarzana Treatment Center	OC	907 West Lancaster	Lancaster	93534	(661) 726-2630	(661) 726-2635	1
Tarzana Treatment Center	OC	2101 Magnolia Avenue	Long Beach	90806	(562) 218-1868	(562) 591-0346	8
Tarzana Treatment Center	OC	5190 Atlantic Avenue	Long Beach	90806	(562) 428-4111	(562) 984-5610	8
Tarzana Treatment Center	RDTX	18646 Oxnard Street	Tarzana	91356	(818) 996-1051	(818) 654-3827	2
Tarzana Treatment Center	RS	44447 North 10th Street West	Lancaster	93534	(661) 726-2630	(661) 726-2635	1
Tarzana Treatment Center	RS	18646 Oxnard Street	Tarzana	91356	(818) 996-1051	(818) 654-3827	2
Tarzana Treatment Center	RS	2101 Magnolia Avenue	Long Beach	90806	(562) 218-1868	(562) 591-0346	8
Total Family Support Clinic	OC	13741 Foothill Boulevard, Suite 230	Sylmar	91342	(818) 833-9789	(818) 833-9790	2
Twin Town Corporation	OC	6180 Laurel Canyon Boulevard, Suite 275	North Hollywood	91606	(818) 985-0560	(818) 985-7195	2
Twin Town Corporation	OC	2171 Torrance Boulevard	Torrance	90501	(310) 787-1335	(310) 787-1809	8
United American Indian Involvement, Inc.	OC	1125 West 6th Street	Los Angeles	90017	(213) 202-3970	(213) 975-9255	4
United States Veterans Initiative	RS	2281 Williams Avenue	Long Beach	90810	(562) 388-8015	(562) 388-7991	8
URDC Human Services Corporation	DCH	1460 North Lake Avenue, Suite 107	Pasadena	91104	(626) 398-3796	(626) 398-3895	3
URDC Human Services Corporation	OC	1460 North Lake Avenue, Suite 107	Pasadena	91104	(626) 398-3796	(626) 398-3895	3
Van Ness Recovery House	RS	1919 North Beachwood Drive	Los Angeles	90068	(323) 463-4266	(323) 962-6721	4
Verdugo Mental Health Center	OC	1540 East Colorado Street	Glendale	91205	(818) 247-8180	(818) 247-6649	2
Volunteers of America of Los Angeles	RS	4969 Sunset Boulevard	Los Angeles	90027	(323) 660-8042	(323) 660-9265	4
Volunteers of America of Los Angeles	RS	515 East 6th Street, 9th Floor	Los Angeles	90021	(213) 627-8002	(213) 622-6831	4
Walden House	OC	145 West 22nd Street	Los Angeles	90007	(213) 741-3744	(213) 741-3784	6
Walden House	RS	1355 South Hill Street	Los Angeles	90015	(213) 763-6220	(213) 746-2507	4
Watts Health Foundation, Inc.	OC	8005 South Figueroa Street	Los Angeles	90003	(323) 778-5290	(323) 752-8031	6
Watts Health Foundation, Inc.	RS	8005 South Figueroa Street	Los Angeles	90003	(323) 778-5290	(323) 752-8031	6

Modality Legend

Modality	Modality description
DCH	Day Care Habilitative Services
DCH (DD)	Day Care Habilitative Services (Dual Diagnosed Services)

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Provider Name	Modality	Address	City	Zip	Phone	Fax	SPA
OC	Outpatient Counseling						
ONTMS	Outpatient Narcotic Treatment Maintenance Services						
ONTPDTX	Outpatient Narcotic Treatment Program Detoxification Services						
RDTX	Residential Medical Detoxification Services						
RS	Residential Services						